|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TOLO SAILING** |  |  |  |  |  |  |  |  |  |  |
| **Pre-boarding health declaration questionnaire** |  |  |  |  |
|  |  | **DATE OF CRUISE** |   |  |  |  |  |  |  |  |
| PORT OF EMBARKATION | **TOLO** | DESTINATION  |   |   | **Argolic Gulf Islands** |  |  |  |  |
|  | **SURNAME** | **FIRST NAME** | **FATHER'S NAME** | **NATIONALITY** | **BIRTH DATE** | **TELEPHONE** |  |  |  |  |
| 1 |   |   |   |   |   |   |  |  |  |  |
| 2 |   |   |   |   |   |   |  |  |  |  |
| 3 |   |   |   |   |   |   |  |  |  |  |
| 4 |   |   |   |   |   |   |  |  |  |  |
| 5 |   |   |   |   |   |   |  |  |  |  |
| 6 |   |   |   |   |   |   |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Within the last 14 days**  |  |  | **YES**  | **NO** |  |  |  |  |
| Have you, or has any person listed above, presented sudden onset of symptoms of fever or cough or difficulty in breathing? |  |  |   |   |  |  |   |  |
| Have you, or has any person listed above, had close contact with anyone diagnosed as having coronavirus COVID-19?  |  |  |   |   |  |  |  |  |
| Have you, or has any person listed above, provided care for someone with COVID-19 or worked with a health care worker infected with COVID-19?  |   |   |   |   |  |  |  |  |
| Have you, or has any person listed above, visited or stayed in close proximity to anyone with COVID-19? |   |   |   |   |  |  |  |  |
| Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance?  |   |   |   |   |  |  |  |  |
| Have you, or has any person listed above, worked in close proximity to or shared the same room/environment with someone with COVID-19?  |   |   |   |   |  |  |  |  |
| Have you, or has any person listed above, lived in the same household as a patient with COVID-19? |   |   |   |   |  |  |  |  |
|  |  |  |  | **SIGNATURE:** |  |  |  |  |
|  | OUR SHIP FULFILLS ALL THE IMPOSED HEALTH PROTOCOLS. |  |  |  |  |  |  |  |  |
|  | EACH PASSENGER TRAVELS AT HIS OWN RESPONSIBILITY |  |  |  |  |  |  |  |  |