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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | |  |  | | |  |  |  |  |  |  |