



Original Date:

## PASSENGER'S QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential.

<b>1. Name</b> ( <i>Last, First, M.I.</i> ):	<input type="checkbox"/> M <input type="checkbox"/> F	<b>Cabin:</b>
<b>2. Permanent address:</b>		

**THE PURPOSE OF THIS QUESTIONNAIRE IS FOR HEALTH PREVENTION REASONS AND TO PROTECT PASSENGERS FROM ANY COMMUNICABLE DISEASE. THE RETENTION PERIOD OF THIS DOCUMENT IS 15 DAYS AFTER COMPLETION OF THIS CRUISE. AFTER THAT PERIOD ALL RECORDS WILL BE DESTROYED AS NECESSARY. THIS DOCUMENT WILL BE DISTRIBUTED ONLY TO HEALTH AUTHORITIES AND THE DESIGNATED PERSON ASHORE OF THE HEADQUARTERS, IF REQUIRED, AND WILL NOT BE VIEWED NOT BY ANY UNAUTHORIZED PERSON.**

**3. Do you maintain a travel insurance for this trip? (If yes please state details: insurer, copy of cover, etc).**

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**4. Please state your full travel itinerary from your permanent residence till arrival on board :**

DATE	DEPARTURE	ARRIVAL DESTINATION

ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE WILL BE KEPT STRICTLY CONFIDENTIAL.

5. Have you visited mainland China, South Korea, Italy and/or Iran the past 15 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, where?		
6. Have you come in close proximity with people travelling from mainland China, South Korea, Italy and/or Iran the past 15 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you currently have any symptoms such as fever (>37,5c), cough, dizziness, feeling weak?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are you prepared to accept frequent body temperature screening by ship's personnel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are you prepared to visit and remain into a health institute undertaking extended health exams or hospitalization during this boat trip if circumstances dictate and to Captain's discretion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you prepared to remain in your stateroom for as long as required if circumstances dictate and to Captain's discretion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are you prepared to be repatriated if circumstances dictate and to Captain's and/or Health Authorities discretion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SIGNATURE: