



Pre-boarding health declaration questionnaire
(The questionnaire is to be completed by all adults before embarkation)

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|--|-------------------------|-----------------------------------|-------------------------------|
| NAME OF VESSEL | SHIPPING COMPANY | DATE AND TIME OF ITINERARY | PORT OF DISEMBARKATION |
| MACEDON | KARTHEA S.C. | | |
| Contact telephone number for the next 14 days after disembarkation: | | | |

| | | | | |
|---|--|-----------------------|---|---|
| First Name as shown in the Identification Card/Passport: | Surname as shown in the Identification Card/Passport: | Father's name: | SEAT A.ECONOMY B.AIRCRAFT TYPE C.BUSINESS D.CABIN | NUMBER OF AIRCRAFT TYPE SEAT/ CABIN: |
| | | | | |
| First Name of all children travelling with you who are under 18 years old: | Surname of all children travelling with you who are under 18 years old: | Father's name: | SEAT A. ECONOMY B. AIRCRAFT TYPE C. BUSINESS D.CABIN | NUMBER OF AIRCRAFT TYPE SEAT/ CABIN: |
| | | | | |
| | | | | |

Questions

| Within the past 14 days | YES | NO |
|--|------------|-----------|
| 1. Have you or has any person listed above, presented sudden onset of symptoms of fever or cough or difficulty in breathing? | | |
| 2. Have you, or has any person listed above, had close contact with anyone diagnosed as having coronavirus COVID-19? | | |
| 3. 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? | | |
| 4. Have you, or has any person listed above, visited or stayed in close proximity to anyone with COVID-19? | | |
| 5. Have you, or has any person listed above, worked in close proximity to or shared the same classroom environment with someone with COVID-19? | | |
| 6. Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance? | | |
| 7. Have you, or has any person listed above, lived in the same household as a patient with COVID-19? | | |