



KARTHEA SHIPPING COMPANY

Pre-boarding health declaration questionnaire

(The questionnaire is to be completed by all adults before embarkation)

NAME OF VESSEL	SHIPPING COMPANY	DATE AND TIME OF ITINERARY	PORT OF DISEMBARKATION
MAKEDON	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 or sudden onset of anosmia, ageusia or dysgeusia?		
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?		

Test results and vaccination	
8. Have you been tested for COVID-19 with a molecular method (PCR) within the past 72 hours?	<input type="checkbox"/> No <input type="checkbox"/> Pending results <input type="checkbox"/> Positive ¹ <input type="checkbox"/> Negative
9. Have you conducted, this day or the day before, a rapid test or self - test for COVID-19?	<input type="checkbox"/> No <input type="checkbox"/> Positive ² <input type="checkbox"/> Negative
10. Have you been vaccinated with all the necessary doses for COVID-19?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Update on Personal Data:

The processing of personal data is carried out for reasons of public interest for the protection of public health and the treatment of the consequences of coronavirus COVID – 19 and is governed by the provisions of the General Regulation for Data Protection and Law 4624/2019 (Government Gazette 137/A/2019)

Joint Editors are:

(a) the Ministry of Shipping and Island Policy; and

(b) Karthea Shipping Company, Konitsis 43, Vrilissia 15235 email: cs@goutoslines.com. Contact details of Data Protection Officer - email: dpo@goutoslines.com, where you can apply for the exercise of your rights (right to information, access, correction, deletion (after two mounts), restriction of processing).

Detailed information has been posted on the website of the Ministry of Shipping and Island Policy, at <https://www.ynanp.gr/el/> σ in section: Instructions and Passenger Questionnaires.

The use of protective mask is mandatory for the entire stay of passengers in all interior and exterior of the ship.

1 Embarkation onboard the vessel is prohibited only if there is an affirmative answer

2 Embarkation onboard the vessel is prohibited only if there is an affirmative answer

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SIGNATURE