GOLDEN STAR FERRIES

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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

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**

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?	□ No □ Pending Results □ Positive □ Negative	
9. Have you conducted, this day or the day before, a rapid test or self-test for COVID-19?	□ No □ Positive □ Negative	
10. Have you been vaccinated with all the necessary doses for COVID-19?	□ No □ Yes	

Signature ……