A D R I A T I C A N D C R E T A N L I N E S

Pre-boarding health declaration questionnaire

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

Name of vessel:	Shipping Company:	Date & time of itinerary:	Port of disembarkation:

Contact telephone number for the next 14 days after disembarkation:

Full name as shown in the Identification Card/Passport:	Father's Name:	Seat:	Number:
		A B C D	
Full name of all children travelling with you who are under 18 years old:		*A) Economy B) Aircraft type C) Business, D) Cabin*	
		A B C D	
		A B C D	
		A B C D	
		A B C D	

Within the past 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, worked in close proximity to or shared the same classroom environment with someone 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, lived in the same household as a patient with COVID-19?	☐	☐

ANEK LINES Blue Star Ferries SUPERFAST FERRIES