

Cruise Ship Passenger Health Declaration

Personal Information

Full Name

Date of Birth

Passport Number

Cabin Number

Nationality

Health Information

Have you experienced any of the following symptoms in the last 14 days? (Fever, cough, sore throat, difficulty breathing, loss of taste or smell)

If yes, please specify:

Do you have any chronic medical conditions? (e.g. diabetes, heart disease, respiratory illness, immunodeficiency)

If yes, please specify:

Exposure Declaration

Have you been in contact with any confirmed cases of communicable diseases in the last 14 days?

If yes, please specify:

Date

Signature

