

All passengers must complete this declaration not more than 12 hours before boarding the vessel. Failure to complete this document could result in delayed or denial of boarding.

Date Completed:	Vessel: WORLD NAVIGATOR	Port:	Cabin #:
Full Name: (as shown in passport)		Age:	Contact Cell Phone Number:
Number of children under 12 traveling with you: (name and age)		Number of people you're traveling with:	

To assist us in protecting the health and safety of all persons boarding the ship, please select a response for each of the following questions:

Currently, and in the past 14 days:		Yes	No							
1	Have you had any symptoms of fever, chills, feverishness, cough, shortness of breath or difficulty breathing, sore throat, fatigue, muscle or body aches, headache, congestion or runny nose, new loss of taste or smell, nausea, vomiting or diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>							
2	Have you been in close contact* with, or helped care for anyone known or suspected having Covid-19?	<input type="checkbox"/>	<input type="checkbox"/>							
3	Have you been in contact with anyone who has been diagnosed with an acute respiratory illness, such as viral influenza (FLU) or pneumonia?	<input type="checkbox"/>	<input type="checkbox"/>							
4	Do you have any medical condition that may compromise your immune system?	<input type="checkbox"/>	<input type="checkbox"/>							
5	Have you been tested for Covid-19 prior to traveling?	<input type="checkbox"/>	<input type="checkbox"/>							
	<table border="1"> <tr> <td>If yes:</td> <td>Type of test:</td> <td>PCR</td> <td>Result:</td> <td></td> <td>Date:</td> <td></td> </tr> </table>	If yes:	Type of test:	PCR	Result:		Date:			
If yes:	Type of test:	PCR	Result:		Date:					
6	Have you been vaccinated for Covid-19 prior to traveling?	<input type="checkbox"/>	<input type="checkbox"/>							
	<table border="1"> <tr> <td>If yes:</td> <td>Type of vaccine:</td> <td></td> <td>Date 1st inoculation:</td> <td></td> <td>Date 2nd inoculation:</td> <td></td> </tr> </table>	If yes:	Type of vaccine:		Date 1 st inoculation:		Date 2 nd inoculation:			
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*ECDC defines a close contact as being within two (2) meters for a period of more than 15 minutes.

If you answered "YES" to questions 1 to 4, you will be assessed free of charge by a member of the ship's medical staff.

Travel		
Did you stay overnight or longer in the boarding port before you joined the ship?	Yes	No
If yes, where did you stay?		

Are you allergic to any food or substance? If so, please specify:

The information in this questionnaire may be reported to the relevant Public Health Authorities. Penalties may apply to any individual who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation. I certify that the above declaration is true and correct and understand that any dishonest answers may have serious public health implications.

COMPLETED BY PASSENGER	
Signature	Date: .0208.21

PART B: MEDICAL ASSESSMENT (Ship Medical Personnel must use universal PPE)	
Temperature (°C):	Type of test and result upon boarding
O2 Saturation (%):	UN SCIENCE Covid antigen rapid test
Pulse (min.):	Result: NEGATIVE
Comments: ASYMPTOMATIC	
PERFORMED BY (Ship Medical Personnel)	
Signature:	Date:
	Time:
	Position:

If you have any of the above symptoms while onboard, please contact Reception/Bridge by phone immediately.