Traveler's Health Declaration			
Must be completed prior to boarding by ALL persons age 18 and above, one form per adult			
Date:		Ship:	
Port:		Guest Cabin:	
Name:		Crew ID :	
Names of any children under the age of 18 travelir		Names of any children under the age of 18 traveling	with you.
1.		3.	
2.		4.	
To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions:			
IN THE PAST 20 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:			
	<ol> <li>Travelled from, or through China, Hong Kong, Macau, South Korea, Iran, Japan, Singapore, All of Italy or a location currently subject to lockdown (quarantine) measures by government health authorities (including transiting through an airport in these locations)?</li> <li>Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus?</li> </ol>		
			☐ YES ☐ No
	<ul> <li>Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?</li> <li>Taiwan Thailand Vietnam</li> <li>If YES then please check all that applied</li> </ul>		
	4.	In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing?	YES No
This questionnaire may be reported to the relevant public health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation. I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications.			
Signature:			
For Official Use Only:       Form Validated:       Initials:       HEA/01/2020 Revision 5         2020-3: V7b       (Guest/Crew -CoV)			