Expedition

PUBLIC HEALTH QUESTIONNAIRE

Dear Traveller,

This form must be completed by **ALL** passengers age 18 and above boarding the vessel. One form to be completed per adult passenger.

Your name: _____

Names of any children under the age of 18 traveling with you.

Child 1: _____

Child 2: _____

To protect the health and safety of all persons on the cruise, please answer the following questions:

In the past 72 hours have you had any of the following? (Check all that apply)

Congested or runny nose	O **Yes**	O **No**	Difficulty breathing	O **Yes**	O **No**
Sore throat	O **Yes**	O **No**	Headache	O **Yes**	O **No**
Muscle or body aches	O **Yes**	O **No**	Nausea or vomiting	O **Yes**	O **No**
Cough	O **Yes**	O **No**	Diarrhea	O **Yes**	O **No**
Shortness of breath	O **Yes**	O **No**	Fever or chills	O **Yes**	O **No**

Have you, or any person listed above, been in contact within the last 10 days with a suspected or confirmed case of COVID-19, influenza or Respiratory Syncytial Virus (RSV) OR been in contact with anyone who is currently subject to monitoring for exposure to any of the above illnesses? O **Yes** O **No**

If you answered YES to either question, you will be assessed by a member of our medical staff.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications.

Signature _____ Date DD/MM/YYYY