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  ○ YES  ○ NO
- Sore throat  ○ YES  ○ NO
- Muscle or body aches  ○ YES  ○ NO
- Cough  ○ YES  ○ NO
- Shortness of breath  ○ YES  ○ NO
- Difficulty breathing  ○ YES  ○ NO
- Headache  ○ YES  ○ NO
- Nausea or vomiting  ○ YES  ○ NO
- Diarrhea  ○ YES  ○ NO
- Fever or chills  ○ YES  ○ 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?

○ YES  ○ 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  __________

G Adventures