

M/V MANTALENA PIRAEUS

Pre-boarding health declaration questionnaire

DATE OF CRUISE						
PORT OF EMBARKATION		TOLO		DESTINATION		HYDRA/SPETSES
	SURNAME	FIRST NAME	FATHER'S NAME	NATIONALITY	BIRTH DATE	TELEPHONE
1						
2						
3						
4						
5						
6						

Within the last 14 days		YES	NO
Have you, or has any person listed above, presented sudden onset of symptoms of fever or cough or difficulty in breathing?			
Have you, or has any person listed above, had close contact with anyone diagnosed as having coronavirus COVID-19?			
Have you, or has any person listed above, provided care for someone with COVID-19 or worked with a health care worker infected with COVID-19?			
Have you, or has any person listed above, visited or stayed in close proximity to anyone with COVID-19?			
Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance?			
Have you, or has any person listed above, worked in close proximity to or shared the same room/environment with someone with COVID-19?			
Have you, or has any person listed above, lived in the same household as a patient with COVID-19?			

SIGNATURE