



## Pre-Boarding Health Declaration Questionnaire

(The questionnaire is to be completed by all adults before embarkation)

NAME OF VESSEL:	SHIPPING COMPANY:	DATE & TIME OF ITINERARY:	PORT OF DISEMBARKATION:

Contact telephone number for the next 14 days after disembarkation:

FIRST NAME & SURNAME as shown in the identification Card/Passport:	FATHER'S NAME:	SEAT:	NUMBER OF AIRCRAFT TYPE SEAT OR CABIN:
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	

FIRST NAME & SURNAME of all children under 18 years old who are travelling with you:	FATHER'S NAME:	A) Economy, B) Aircraft Type, C) Business, D) Cabin	NUMBER OF AIRCRAFT TYPE SEAT OR CABIN:
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	

### Within the past 14 days

- |   |                             |  |  |
|---|-----------------------------|--|--|
|   |                             | YES  | NO   |
| 1. Have you or has any person listed above, presented sudden onset of symptoms of fever or cough or difficulty in breathing or sudden onset of anosmia, ageusia or dysgeusia? ..... | <input type="checkbox"/>    |  | <input type="checkbox"/>   |
| 2. Have you, or has any person listed above, had close contact with anyone diagnosed as having coronavirus COVID-19?.....   | <input type="checkbox"/>    |  | <input type="checkbox"/>   |
| 3. 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?.....                               | <input type="checkbox"/>    |  | <input type="checkbox"/>   |
| 4. Have you, or has any person listed above, visited or stayed in close proximity to anyone with COVID-19?.....   | <input type="checkbox"/>    |  | <input type="checkbox"/>   |
| 5. Have you, or has any person listed above, worked in close proximity to or shared the same classroom environment with someone with COVID-19?.....                                 | <input type="checkbox"/>    |  | <input type="checkbox"/>   |
| 6. Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance?  | <input type="checkbox"/>    |  | <input type="checkbox"/>   |
| 7. Have you, or has any person listed above, lived in the same household as a patient with COVID-19?.....   | <input type="checkbox"/>    |  | <input type="checkbox"/>   |
| 8. Have you been tested for COVID-19 with a molecular method (PCR) within the past 72 hours?  | <input type="checkbox"/> NO | <input type="checkbox"/> PENDING RESULTS       | <input type="checkbox"/> POSITIVE <sup>1</sup> <input type="checkbox"/> NEGATIVE |
| 9. Have you conducted, this day or the day before, a rapid test or self - test for COVID-19?  | <input type="checkbox"/> NO | <input type="checkbox"/> POSITIVE <sup>2</sup> | <input type="checkbox"/> NEGATIVE  |
| 10. Have you been vaccinated with all the necessary doses for COVID-19?   | <input type="checkbox"/> NO | <input type="checkbox"/> YES                   |  |

**Update on Personal Data:** The processing of personal data is carried out for reasons of public interest for the protection of public health and the treatment of the consequences of coronavirus COVID-19 and is governed by the provisions of the General Regulation for Data Protection and Law 4624/2019 (Government Gazette 137 / A' / 2019). Joint Editors are: (a) the Ministry of Shipping and Island Policy; and (b) the company SEAJETS GROUP, based in 2, Dimitriou Gounari str., 18531 Piraeus, email: info@seajets.gr, with contact details of the Data Protection Officer - email: dpo@seajets.gr, where you can apply for the exercise of your rights (right to information, access, correction, deletion (after two months), restriction of processing). Detailed information has been posted on the website of the Ministry of Shipping and Island Policy, at <https://www.ynnp.gr/el/> in the section: Instructions and Passenger Questionnaires and at [www.seajets.gr](http://www.seajets.gr).

**Signature**

.....

<sup>1</sup> Embarkation onboard the vessel is prohibited only if there is an affirmative answer <sup>2</sup> Embarkation onboard the vessel is prohibited only if there is an affirmative answer