

## Pre-boarding health declaration questionnaire

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

Name of Vessel:                      Shipping Company:                      Date and time of itinerary:                      Port of disembarkation:

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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 travelling with you who are under 18 years old:		A) ECONOMY B) AIRCRAFT TYPE C) BUSINESS D) 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 have you or has any person listed above:   | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. 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. Had close contact with anyone diagnosed as having coronavirus COVID-19 .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 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. Visited or stayed in close proximity to anyone with COVID-19? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Worked in close proximity to or shared the same classroom environment with someone with COVID-19?.....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Travelled with a patient with COVID-19 in any kind of conveyance? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Lived in the same household as a patient with COVID-19? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

### TEST RESULTS AND VACCINATION

8. Have you been tested for COVID-19 with a molecular method (PCR) within the past 72 hours?  
 NO     PENDING RESULTS     POSITIVE<sup>1</sup>     NEGATIVE
9. Have you conducted, this day or the day before, a rapid test or self-test for COVID-19?  
 NO     POSITIVE<sup>2</sup>     NEGATIVE
10. Have you been vaccinated with all the necessary doses for COVID-19?.....

<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

#### 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 Shipping Company, 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.ynanp.gr/el/> in the section: Instructions and Passenger Questionnaires.

**Very important!**

The use of a protection mask during boarding/disembarking and during the trip is mandatory.

Signature

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