GOLDEN STAR FERRIES

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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	DESTINATION

Contact telephone number for the next 14 days after disembarkation:

FIRST NAME (as shown in the Identification Card/Passport)	SURNAME (as shown in the Identification Card/Passport)	Father's Name

FIRST NAME & SURNAME of all children travelling with you (who are under 18 years old:) Father's Name

SEAT

ECONOMY	AIRCRAFT TYPE	BUSINESS	CABIN
	Number:		Number:

Contact Details (telephone number & email):

QUESTIONS: Within the past 14 days,

1.	Have you or has any person listed above, presented sudden onset of symptoms of fever or cough or difficulty in breathing?	YES	NO
2.	Have you, or has any person listed above, had close contact with anyone diagnosed as having coronavirus COVID-19?	YES	NO
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?	YES	NO
4.	Have you, or has any person listed above, visited or stayed in close proximity to anyone with COVID-19?	YES	NO
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?	YES	NO
6.	Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance?	YES	NO
7.	Have you, or has any person listed above, lived in the same household as a patient with COVID-19?	YES	NO

8. Have you been tested within the past [ ] NO [ ] PENDING RESULTS [ ] POSITIVE [ ] NEGATIVE

The Declarant