DREAM YACHT
WORLDWIDE

Pre-boarding health declaration questionnaire

VESSEL'S NAME	VESSEL'S PORT REGISTRY/No OF REGISTRY
DATE AND TIME OF INITIAL EMBARKATION	PORT OF INITIAL EMBARKATION
Contact telephone number for the next 14 days after disembarkation	

First Name as shown in the identification Card/Passport:	Surname Name as shown in the identification Card/Passport:	Father's name:
First Name of all children travelling with you who are under 18 years old:	Surname Name of all children travelling with you who are under 18 years old:	Father's name:

Questions:

Within the last 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?		
2. Have you, or has any person listed above, had close contact with anyone diagnosed as having coronavirus COVID-19?		
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?		
4. Have you, or has any person listed above, visited or stayed in close proximity to anyone with COVID-19?		
5. Have you, or has any person listed above, worked in close proximity to or shared the same room/environment with someone with COVID-19?		
6. Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance?		
7. Have you, or has any person listed above, lived in the same household as a patient with COVID19?		
Test results and vaccination		
8. Have you been tested for COVID-19 with a molecular method (PCR) within the past 72 hours?	□No □Pendingresults □Positive3 □Negative	
9. Have you performed this day or the day before, a rapid test for COVID19?	□No □Positive4 □Negative	
10. Have you been vaccinated with all the necessary doses for COVID 19?	□No □Yes	

I accept the safekeeping of the above questionnaire as well as the monitoring book of the health condition of the passengers by the shipowner for 60 days from the beginning of the charter, according to the Greek Law and according to the legislation on personal data protection.

Signature

Full