

Public Health Questionnaire

Date: _____ Ship: _____ Stateroom # _____

NAME: _____

Names of any additional guests in your party:

1. _____ 2. _____
3. _____ 4. _____

To assist in preventing the spread of **Communicable Disease** during your cruise, we require you to answer the following questions:

- In the last 14 days, have you experienced any significant:
 - Fever/Chills (Temperature above 100.4°F, 38°C)?
 YES NO
 - Difficulty breathing?
 YES NO
 - Fatigue/Muscle Aches?
 YES NO
 - Headaches?
 YES NO
 - Sudden loss of taste or smell?
 YES NO
 - Sore throat?
 YES NO
 - Cough?
 YES NO
 - Nasal congestion?
 YES NO
 - Nausea/Vomiting/Diarrhea?
 YES NO
- Will you be more than 23 weeks pregnant at any time during the cruise?
 YES NO
- In the last 14 days, have you been in contact with anyone who has influenza, pneumonia, or SARS-CoV-2?
 YES NO

I CERTIFY that the above declarations are true and correct and that any dishonest answers may have serious public health or medical implications.

Signature: _____

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