

COVID-19 PRE-BOARDING HEALTH DECLARATION - GUEST

One form per person must be completed before boarding the ship. All fields are required.

Full Name: _____ ID / DOB: _____

Date: _____ Ship: _____ Port: _____

To protect everyone's health and safety, please answer the following questions:

1. a) In the 14 days before boarding, have you had any one or more of the following symptoms? YES NO
- Cough
 - Shortness of breath
 - Difficulty breathing
 - Fever or chills
 - New loss of taste
 - New loss of smell
- b) In the 14 days before boarding, have you had any two or more of the following symptoms? YES NO
- Congested or runny nose
 - Sore throat
 - Muscle or body aches
 - Extreme tiredness
 - Headache
 - Vomiting
 - Diarrhea
2. In the 10 days before boarding, have you tested positive for COVID-19? YES NO
3. In the 14 days before boarding, were you identified as a close contact of someone with COVID-19? YES NO
4. In the 14 days before boarding, did you travel internationally? YES NO

If yes: List countries: _____

5. Are you, or will you be fully vaccinated with a WHO or FDA authorized COVID-19 vaccine at least 14 days before boarding?

Fully vaccinated is you received the final dose of a vaccine series at least 14 days before embarkation.

- a. Yes
- b. No – I am not fully vaccinated, but I have a COVID-19 Vaccination Exemption Letter
- c. No – I am not fully vaccinated, and I **do not** have a COVID-19 Vaccination Exemption Letter

I hereby attest and represent that the answers contained in this health declaration are true, correct, and complete. I understand my responses may be reported to public health authorities and medical personnel on the ship or ashore. I agree and fully acknowledge that providing false, misleading, or incomplete information may cause or contribute to an outbreak and life-threatening illness to certain persons, and will subject me to penalties, including but not limited to, denial of boarding, disembarkation at the first available opportunity at my sole expense, quarantine, suspension of onboard privileges, and/or denial of future bookings. Such deficient information may also make me civilly liable for injuries or losses to persons on board the ship, ashore, or in the communities visited. In the event that false or misleading information is provided on this health declaration, absolutely no refund, Future Cruise Credit nor compensation of any form will be offered in any circumstance. I further understand and acknowledge that willfully providing false or misleading information may lead to criminal fines or imprisonment under federal statutes, including 18 U.S.C. § 1001. I acknowledge that the health information I provide will be relied upon by ship's staff, medical personnel, fellow passengers and crew, as well as public health officials in the U.S. and the destinations visited; that inaccurate, false or incorrect information could cause or contribute to a public health crisis and potential civil liability for those impacted. I accept my obligation to fully, accurately and truthfully provide all requested information.

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SIGNATURE: _____

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Validation

Pre-travel COVID-19 test within 72 hours of embarkation validated: Negative Positive N/A Document of Recovery

Embarkation COVID-19 test validated: Negative Positive N/A Document of Recovery

COVID-19 Vaccination Status validated: Fully Vaccinated

Not Fully Vaccinated: With Exemption Without Exemption

Notes:

Form Validated: Name & Position: _____ Initial: _____