

PUBLIC HEALTH QUESTIONNAIRE

Prior to boarding or visiting the ship, this form must be completed by ALL guests, age 18 and above (one form per adult).

Date: _____ Ship: _____

Port: _____ Stateroom: _____

Name: _____

Names of all children under the age of 18 traveling with you.

1. _____ 2. _____

3. _____ 4. _____

To assist us in protecting the health and safety of guests and crew on this cruise, we require that you answer the following questions:

1. Within the last 3 days, have you or any person listed above developed any symptoms of diarrhea or vomiting? YES* NO
2. Do you, or anyone listed above, have a fever or feverishness PLUS any ONE of the following additional symptoms: cough, runny nose or sore throat? YES* NO

***If you answer "YES" to questions 1 and/or 2, you will be assessed, free of charge, by a member of the shipboard medical staff. You will be allowed to travel/visit, unless you are suspected to have an illness of international public concern.**

This questionnaire may be reported to the United States Centers for Disease Control and Prevention (CDC). Whoever knowingly and willfully makes a materially false, fictitious, or fraudulent statement or representation may be subject to a fine, imprisonment, or both pursuant to Title 18, § 1001 of the United States Code. Similar sanctions may apply in other countries where the information is provided.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications.

Signature: _____

For Official Use Only: Form Validated:

By Initial:

2016-v4(USA)