

# Cruise Ship Passenger Health Declaration Form

Please complete this form prior to boarding. This document is required for cruise clearance and must be filled out by all passengers. Please print and write clearly.

## 1. Passenger and Cruise Information

Last Name:

First Name:

Date of Birth (DD/MM/YYYY):

Passport Number:

Nationality:

Cruise Ship Name:

Cabin Number:

## 2. Travel History

List all countries/regions visited in the last 14 days:

## 3. Health Screening Questions

Please type YES or NO for each of the following questions:

Have you or any member of your traveling party experienced a fever, cough, sore throat, or breathing difficulties in the past 14 days? (YES/NO):

Have you or any member of your traveling party experienced vomiting, diarrhea, or stomach upset in the past 48 hours? (YES/NO):

Have you been in close contact with anyone diagnosed with a contagious infectious disease (such as COVID-19, Influenza, or Norovirus) in the last 14 days? (YES/NO):

Are you currently pregnant? (YES/NO - If YES, please specify weeks of pregnancy):

## 4. Passenger Declaration

I hereby certify that the information provided in this health declaration is true, accurate, and complete to the best of my knowledge. I understand that providing false information may result in the denial of boarding.

Passenger Signature (Sign inside the box when printed):

Date of Declaration (DD/MM/YYYY):