



# Public Health Questionnaire

Must be completed by ALL persons age 18 and above  
boarding the vessel - one form per adult

Date: \_\_\_\_\_

Ship: \_\_\_\_\_

Cabin No: \_\_\_\_\_

Name: \_\_\_\_\_

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

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

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

1. Do you, or any person listed above, have any **ONE** of the following symptoms: **Fever or Feverishness, Cough, Runny Nose or Sore Throat** **OR** has anyone been in contact with a confirmed **InfluenzaA(H1N1)** case?

Yes  No

2. Within the **last 2 days**, have you or any person listed above developed any symptoms of **Diarrhea or Vomiting**?

Yes  No

If you answer "Yes", you will be assessed free of charge by a member of our shipboard medical staff. You will be allowed to travel, unless you are suspected to have an illness of international public health concern.

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

Signature: \_\_\_\_\_

Thank you

CLIA Rev7



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CLIA Rev6