

## 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:

1. 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
2. Will you be more than 23 weeks pregnant at any time during the cruise?  
☐ YES ☐ NO
3. 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: \_\_\_\_\_

Updated 11-16-2020

## 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:

1. 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
2. Will you be more than 23 weeks pregnant at any time during the cruise?  
☐ YES ☐ NO
3. 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: \_\_\_\_\_

Updated 11-16-2020