

(completed by all adults before embarkation)

VESSEL'S NAME	VESSEL'S PORT OF REGISTRY/NO OF REGISTRY
	Athinios Port <input type="checkbox"/> Ormos Firon <input type="checkbox"/>
DATE AND TIME OF INITIAL EMBARKATION	PORT OF INITIAL EMBARKATION
.../.../2020	Athinios Port <input type="checkbox"/> Ormos Firon <input type="checkbox"/>
Contact telephone number for the next 14 days after disembarkation:	

First Name as shown in the Identification Card/Passport:	Surname as shown in the Identification Card/Passport:	Father's name:
First Name of all children travelling with you who are under 18 years old:	Surname of all children travelling with you who are under 18 years old:	Father's name:

Questions:

Within the last 14 days	YES	NO
1. Have you, or has any person listed above, presented sudden onset of symptoms of fever or cough or difficulty in breathing?		
2. Have you, or has any person listed above, had close contact with anyone diagnosed as having coronavirus COVID-19?		
3. Have you, or has any person listed above, provided care for someone with COVID-19 or worked with a health care worker infected with COVID-19?		
4. Have you, or has any person listed above, visited or stayed in close proximity to anyone with COVID-19?		
5. Have you, or has any person listed above, worked in close proximity to or shared the same room/environment with someone with COVID-19?		
6. Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance?		
7. Have you, or has any person listed above, lived in the same household as a patient with COVID-19?		