

## Pre-boarding health declaration questionnaire

(The questionnaire is to be completed by all adults before embarkation)

NAME OF VESSEL	SHIPPING COMPANY	DATE AND TIME OF ITINERARY	PORT OF DISEMBARKATION
CAPTAIN ARISTIDIS	WEST FERRY Mar.Com.		

Contact telephone number for the next 14 days after disembarkation:

First Name / surname as shown in the Identification Card/Passport:

Father's name:

SEAT

		ECONOMY
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First Name / surname of all children travelling with you who are under 18 years old:

Father's name:

SEAT

		ECONOMY
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Within the past 14 days have you or has any person listed above:

YES

NO

- Presented sudden onset of symptoms of fever or cough or difficulty in breathing?  YES  NO
- Had close contact with anyone diagnosed as having corona-virus COVID-19 ?  YES  NO
- Provided care for someone with Covid-19 or worked with a health care worker infected with COVID-19 ?  YES  NO
- Visited or stayed in close proximity to anyone with COVID-19 ?  YES  NO
- Worked in close proximity to or shared the same classroom environment with someone with COVID-19 ?  YES  NO
- Travelled with a patient with COVID-19 in any kind of conveyance?  YES  NO
- lived in the same household as a patient with COVID-19?  YES  NO

Test results and vaccination:

- Have you been tested for COVID-19 with a molecular method (PCR) within the past 72 hours?  
 NO  PENDING RESULTS  POSITIVE\*  NEGATIVE
- Have you conducted, this day or the day before, a rapid test or self - test for COVID-19?  
 NO  POSITIVE\*  NEGATIVE
- Have you been vaccinated with all the necessary doses for COVID-19?  YES  NO

\*Embarkation onboard the vessel is prohibited only if there is an affirmative answer.

### Update on Personal Data:

The processing of personal data is carried out for reasons of public interest for the protection of public health and the treatment of the consequences of coronavirus COVID-19 and is governed by the provisions of the General Regulations for Data Protection and Law 4624/2019 (Government Gazette137/a/2019). Join Editors are (a) the Ministry of Shipping and Island Policy, and (b) the company of West Ferry based in Kapodistriou 24 Piraeus 18531, email: westferry@otenet.gr, with contact details of the Data protection office - email: westferrybooking@gmail.com, where you can apply for the exercise of your rights (right to information, access, correction, deletion (after two months), restrictions of processing). Detailed information has been posted on the website of the Ministry of Shipping and Island Policy, at <https://www.ynanp.gr/el/> in the section: Instructions and Passengers Questionnaires.

### Very Important!

The use of a surgical or tissue mask during boarding/disembarkation and during the trip is mandatory.

Signature