General Tourism Office - Car Rental

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**Pre-boarding health declaration questionnaire**

**(completed by all adults before embarkation)**

|  |  |
| --- | --- |
| **VESSEL’S NAME** | **VESSEL’S PORT OF REGISTRY/NO OF REGISTRY** |
|  |  |
| **DATE AND TIME OF INITIAL EMBARKATION** | **PORT OF INITIAL EMBARKATION** |
|  |  |
| **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? |  |  |
| 1. Have you, or has any person listed above, had close contact with anyone diagnosed as having coronavirus COVID-19? |  |  |
| 1. 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? |  |  |
| 1. Have you, or has any person listed above, visited or stayed in close proximity to anyone with COVID-19? |  |  |
| 1. Have you, or has any person listed above, worked in close proximity to or shared the same room/environment with someone with COVID-19? |  |  |
| 1. Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance? |  |  |
| 1. Have you, or has any person listed above, lived in the same household as a patient with COVID-19? |  |  |