



ΚΑΡΥΣΤΙΑ ΝΑΥΤΙΚΗ ΕΤΑΙΡΙΑ

PRE-BOARDING PASSENGER INFORMATION

(To be completed by any Adult)

<u>Date:</u>	<u>Destination:</u>
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<u>Full Name/Surname as shown in Passport / I.D.Card:</u>

<u>Full Names of all Children, under age 18, travelling with you:</u>
1.
2.
3.
4.
<u>Contact Details (Phone/Mobile, email) :</u>

<u>Within the past 14 days, have you or any person listed above :</u>	<u>YES</u>	<u>NO</u>
• Had close contact with anyone diagnosed as having CoronaVirus disease (COVID-19) ?		
• Provided direct care for Covid19 patients, or working with healthcare workers infected with COVID-19, ?;		
• Have visited or stayed in close environment with any patient having, or suspected having, CoronaVirus (COVID-19) ?		
• Worked in close proximity, or shared the same environment / classroom with any patient having CoronaVirus (COVID-19) ?		
• Have you traveled together with a patient having CoronaVirus in any kind of conveyance ??		
• Lived in same household with a patient having , or suspected having, Corona Virus (COVID-19) ?		

- To be completed and delivered to Entrance Officer /TRAVEL aGENT, along with the Ticket, on Boarding.
- All information is handled as per Regulations in force , for the Public Health benefit only.