

## 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:

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Contact telephone number for the next 14 days after disembarkation:

First Name & Surname as shown in the identification Card/ Passport:	Father's name:	Seat:	Number of Aircraft Type Seat or Cabin
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		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
First Name & Surname of all children travelling with you who are under 18 years old:		A) ECONOMY B) AIRCRAFT TYPE C) BUSINESS D) CABIN	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	

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 coronavirus 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
- Have you been tested within the past 14 days for COVID-19?       NO     PENDING RESULTS     POSITIVE     NEGATIVE

**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 Regulation for Data Protection and Law 4624/2019 (Government Gazette 137 / A ' / 2019). Joint Editors are: (a) the Ministry of Shipping and Island Policy; and (b) the companies of Attica Group, with the trade names Superfast Ferries, Blue Star Ferries, Hellenic Seaways, based in 1-7 Lysikratous Str. & Evripidou, 17674 Kallithea, email: mydata@attica-group.com, with contact details of the Data Protection Officer - email: dpo@attica-group.com, where you can apply for the exercise of your rights (right to information, access, correction, deletion (after two months), restriction 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 Passenger Questionnaires.

**Very important!**

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



Signature

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