Pre-Boarding Health Questionnaire

To assist us in protecting the safety and health of the passengers and crew on this cruise, please complete this questionnaire. One form per person, must be completed by ALL passengers aged 18 years old and above before boarding the vessel.

|  |  |  |
| --- | --- | --- |
| Date:  | Ship:  | Cabin No:  |
| Name:  |

Name(s) of all children under the age of 18 years old traveling with you：

|  |  |
| --- | --- |
| Name:  | Name:  |
| Name:  | Name:  |
| Name:  | Name:  |
| Please answer (tick “√”) below questions\*  | Yes  | No  |
| 1 | In the past 24 hours, have you or any person listed above had any of the following: Fever\*\* (more than or equal to 37.5 C), cough, runny nose, sore throat, body ache, loss of smell or shortness of breath? | ⬜ | ⬜ |
| 2 | In the past 14 days, have you or any person listed above been in close contact with family members / friends / visitors / people who have been: 1. In other countries (outside Singapore) in the past 14 days OR
2. Placed on a Stay home notice, Leave of Absence or issued a Quarantine Order?
 | ⬜ | ⬜ |
| 3 | In the past 14 days, have you or any person listed above been in close contact with, or helped care for anyone known or suspected of having Covid-19\*\*?  | ⬜ | ⬜ |
| 3b | Do you work and/or live in environments with higher risk of exposure to COVID-19 cases, e.g. healthcare, foreign worker dormitories, isolation facilities and patient transport? | ⬜ | ⬜ |

\*If yes, a member of the shipboard Medical Staff will assess you free of charge. You will be allowed to travel, unless you are suspected to have an illness of international public health concern.

\*\*If you have fever or have been in close contact with anyone suspect of or having Covid-19 you will be denied boarding.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications.

|  |  |
| --- | --- |
| Signature  | Date  |

Pre-Boarding Health Questionnaire登船前健康问卷调查

所有18岁或以上旅客必须于登船前填妥问卷 ；每份问卷限一人填写

|  |  |  |
| --- | --- | --- |
| 日期: | 邮轮: | 房号: |
| 姓名: |

请填写所有18岁以下的同行儿童姓名：

|  |  |
| --- | --- |
| 姓名: | 姓名: |
| 姓名: | 姓名: |
| 姓名: | 姓名: |

|  |  |  |
| --- | --- | --- |
| 为确保船上旅客及船员的健康安全，请如实作答。请于右方以(“ √ ”)选择答案：\* | 有 | 没有 |
| 1 | 在过去24小时内，您或上列同行旅客有否出现下列任何病征：发烧\*\*（体温摄氏37.5度或以上）、咳嗽、流鼻水、咽喉痛、身体疼痛、嗅觉异常或呼吸急促？ | ⬜ | ⬜ |
| 2 | 在过去 14 日內，您或上列同行旅客有沒有曾经与下列情況的家人 / 朋友 / 访客 / 任何人接触： 1. 过去14日曾造访其他国家（新加坡以外）; 或
2. 执行居家通知、请「防疫隔离假」或履行居家隔离？
 | ⬜ | ⬜ |
| 3 | 在过去14日内，您或上列同行旅客有没有曾经接触或照顾确诊或怀疑感染新型冠状病毒之患者\*\*？ | ⬜ | ⬜ |
| 3b | 您是否在新型冠状病毒感染风险较高的环境下工作 / 居住，如：医疗保健、客工宿舍、隔离设施及载送病患？ | ⬜ | ⬜ |

 \* 如果您的答案是「有」，船上的医务人员将会免费为您进行身体检查，评估您是否适合出游。如果您被怀疑感染对国际公共卫生有重大影响之疾病，抱歉您将不能继续行程。

\*\*如果您出现发烧症状或曾经接触确诊或怀疑感染新型冠状病毒之患者，您將被禁止登船。

本人确认上述声明真确，并明白虚报可能会产生严重的公共卫生问题。

|  |  |
| --- | --- |
| 签署: | 日期:  |

Pre-Boarding Health Questionnaire登船前健康問卷調查

所有18歲或以上旅客必須於登船前填妥問卷 ；每份問卷限一人填寫。

|  |  |  |
| --- | --- | --- |
| 日期: | 郵輪: | 房號: |
| 姓名: |

請填寫所有18歲以下的同行兒童姓名：

|  |  |
| --- | --- |
| 姓名: | 姓名: |
| 姓名: | 姓名: |
| 姓名: | 姓名: |

|  |  |  |
| --- | --- | --- |
| 為確保船上旅客及船員的健康安全，請如實作答。請於右方以(“ √ ”)選擇答案：\* | 有 | 没有 |
| 1 | 在過去24小時內，您或上列同行旅客有否出現下列任何病徵：發燒\*\*（體溫攝氏37.5度或以上）、咳嗽、流鼻水、咽喉痛、身體疼痛、嗅覺異常或呼吸急促? | ⬜ | ⬜ |
| 2 | 在過去 14 日內，您或上列同行旅客有沒有曾經与下列情況的家人 / 朋友 / 訪客 / 任何人接觸：1. 过去14日曾造訪其他國家（新加坡以外）; 或
2. 執行居家通知、請「防疫隔離假」或履行居家隔離？
 | ⬜ | ⬜ |
| 3 | 在過去14日内，您或上列同行旅客有没有曾經接觸或照顧確診或懷疑感染新型冠狀病毒之患者\*\*？ | ⬜ | ⬜ |
| 3b | 您是否在新型冠状病毒感染風險較高的環境下工作 / 居住，如：醫療保健、客工宿舍、隔離設施及載送病患？ | ⬜ | ⬜ |

 \* 如果您的答案是「有」，船上的醫務人員將會免費為您進行身體檢查，評估您是否適合出遊。如果您被懷疑感染對國際公共衛生有重大影響之疾病，抱歉您將不能繼續行程。

\*\*如果您出現发燒症狀或曾經接觸確診或懷疑感染新型冠狀病毒之患者，您將被禁止登船。

本人確認上述聲明真確，並明白虚報可能會產生嚴重的公共衛生問題。

|  |  |
| --- | --- |
| 簽署: | 日期:  |