

**PUBLIC HEALTH QUESTIONNAIRE TO BE COMPLETED BY ALL PASSENGERS
(ONE FORM PER BOOKING)**

Name: Cabin Number: Booking #

Number of passengers covered by this questionnaire: Sailing Date.....

Names of all in the party travelling with you:

1 2

3 4

To assist us in the prevention of Communicable Diseases during your cruise

We require you to answer the following questions:

With the last 48 hours, have you or any person travelling with you, had any symptoms of diarrhea, vomiting or fever?

Yes No

Have you travelled to West Africa within the last month?

Yes No

Have you visited Guinea, Liberia, Sierra Leone, Democratic Republic of Congo or the State of Texas (USA) in the last 30 days?

Yes No

If you have answered YES, then you will be assessed further by the shipboard medical staff and possibly Cuban authorities.

I certify that the above declaration is true and correct and I understand that being untruthful in completing this form may have serious public health implications for my fellow passengers

Signature:

Thank you