



## Pre-boarding health declaration questionnaire

(completed by all adults before embarkation)

NAME OF VESSEL	SHIPPING COMPANY	DATE AND TIME OFITI	NERARY	PORT	
Contact telephone number for the next14 days after disembarkation:					
First Name and Surname as shown in the Identification Card/Passport: Father			Father's	her's name:	
First Name and Surname of all children travelling with you who are under 18 yearsold:			Father's	name:	
Within the past 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 or sudden on set of anosmia, ageusia or dysgeusia?					
2. Have you, or has any person listed above, had close contact with any one diagnosed as having coronavirus COVID-19?					
3. 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?					
<b>4.</b> Have you, or has any person listed above, visited or stayed in closeproximity to anyone with COVID-19?					
5. Have you, or has any person listed above, worked in close proximity to or shared the same classroom environment with someone with COVID-19?					
6. Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance?					
7. Have you, or has any person listed above, lived in the same household as a patient with COVID-19?					
8. Have you been tested for COVID-19 with a molecular method (PCR)within the past 72 hours? □No □ Pending results □ Positive □ Negative				t	
9. Have you performed, this day or the day before, a rapid test for COVID-19?  □No □ Positive □ Negative					
10 Have you been vaccinated with all the necessary doses for COVID-192					

## **Update on Personal Data**

The processing of personal data -governed by the provisions of both the Data Protection General Regulation and Law 4624/2019(OG 137A/2019) - is carried out for public interest purposes, public health protection and COVID-19 consequences dealing.

The following Agents are jointly responsible for Data processing :

□Yes

(a) Ministry of Maritime Affairs and Insular Policy and

□No

(b)Ship Consortiums CRETAN DAILY CRUISES και CHRISSI DAILY CRUISES, based in Kissamos, 226, Iroon Polytechniou Str., P.C. 7340, email:info@cretandailycruises.com, Data Protection Officer contact- email: it@cretandailycruises.com, \*the officer to whom you can address to exercise your rights (rights to information, access, correction, deletion (after the completion of two months)of processing restriction. Detailed information has been posted on the Ministry of Maritime Affairs and Insular Policy website at https://www.ynanp.gr/el/ in the Section: COVID-19 - Recent Developments