



Explora

JOURNEYS

PUBLIC HEALTH QUESTIONNAIRE

MUST BE COMPLETED BY ALL GUESTS AND VISITORS AGE 18 AND ABOVE BOARDING THE SHIP (ONE FORM PER ADULT)

Date	
Ship	
Suite	
Name	

Names of all minors travelling with you:

1. _____ 3. _____
2. _____ 4. _____

To help prevent the spread of **communicable diseases** during your journey, you are required to answer the following questions:

1. Do you, or any person listed above, have a **fever** or **feverishness**, plus any of the following symptoms: **cough**, **runny nose** or **sore throat**?

Yes No

2. Within the last **2 days**, have you or any person listed above developed any symptoms of **diarrhea** or **vomiting**?

Yes No

If you answer “Yes” to any of the questions above, you will be assessed free of charge by a member of our shipboard medical team.

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

Signature _____

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