

SAMPLE PUBLIC HEALTH QUESTIONNAIRE

- Must be completed by ALL persons age 18 and above before boarding the vessel;
- One form per adult;
- The contents of this questionnaire may be reported to a public health authority (e.g., the Centers for Disease Control and Prevention in the U.S.) Knowingly or willfully making a false, fictitious, or fraudulent statement or representation may subject you to civil and/or criminal penalties.

DATE: _____ SHIP: _____ CABIN NO: _____ PORT: _____

Name: _____

Name(s) of all children under the age of 18 traveling with you.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

To assist us in providing for the health and safety of passengers and crew on this cruise, we require you to answer the following questions.

1) Within the last 3 days, have you or any person listed above developed any symptoms of diarrhea or vomiting? Yes* ___ No___

2) Do you, or any person listed above, have a fever or feverishness PLUS any ONE of the following additional symptoms: cough, runny nose or sore throat? Yes* ___ No___

** If you answer "YES" to questions (1) or (2), you will be assessed free of charge by a member of the shipboard medical staff. You will be allowed to travel, unless you are suspected to have an illness of international public health concern.*

3) In the past 21 days, have you, or any person listed above, visited the West African countries of Liberia, Sierra Leone, and/or Guinea? Yes ___ No___

4) Within the past 21 days did you, or any person listed above, have physical contact with, or help care for, someone diagnosed with or suspected to have Ebola, or are you currently subject to health monitoring for possible exposure to Ebola? Yes ___ No___

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

Signature: _____ Date _____