# Pre boarding information

To be completed by any adult

| Date: | Destination: |
|---|---|
| 22/09/2020 | PAROS |

Name as shown in the passport or other ID:

| |
|---|
| JESTIN Christelle |

Names of all children travelling with you under 18 years old:

| |
|---|
| |
| |
| |

Contact details: (telephone, email)

| | |
|---|---|
| +33685162676 | famille.jljestin@wanadoo.fr |

| Within the past 14 days, have you, or any person listed above: | YES | NO |
|---|---|---|
| ▶ Had close contact with anyone diagnosed as having Coronavirus disease (COVID-19)? | | X |
| ▶ Traveled together with COVID-19 patient in any kind of conveyance? | | X |
| ▶ Lived in the same household as a COVID-19 patient? | | X |
| ▶ Provided direct care for COVID-19 patients, working with healthcare workers infected with novel Coronavirus? | | X |
| ▶ Visited or stayed in a close environment with any patient having Coronavirus disease (COVID-19)? | | X |
| ▶ Worked together in close proximity, or sharing the same classroom environment, with a COVID-19 patient? | | X |

**Signature**

.....

SEAJETS

# Pre boarding information

To be completed by any adult

| Date: | Destination: |
|---|---|
| 24/09/2020 | NAXOS |

Name as shown in the passport or other ID:

| |
|---|
| JESTIN Christelle |

Names of all children travelling with you under 18 years old:

| |
|---|
| |
| |
| |

Contact details: (telephone, email)

| | |
|---|---|
| +33685162676 | famille.jljestin@wanadoo.fr |

| Within the past 14 days, have you, or any person listed above: | YES | NO |
|---|---|---|
| ▶ Had close contact with anyone diagnosed as having Coronavirus disease (COVID-19)? | | X |
| ▶ Traveled together with COVID-19 patient in any kind of conveyance? | | X |
| ▶ Lived in the same household as a COVID-19 patient? | | X |
| ▶ Provided direct care for COVID-19 patients, working with healthcare workers infected with novel Coronavirus? | | X |
| ▶ Visited or stayed in a close environment with any patient having Coronavirus disease (COVID-19)? | | X |
| ▶ Worked together in close proximity, or sharing the same classroom environment, with a COVID-19 patient? | | X |

**Signature**

.....

SEAJETS

# Pre-boarding health declaration questionnaire

(The questionnaire is to be completed by all adults before embarkation)

| Name of Vessel: | Shipping Company: | Date and time of itinerary: | Port of disembarkation: |
|---|---|---|---|
| BLUE STAR DÉLOS | BLUE STAR FERRIES | 24/09/2020 18h00 | PAROS |

Contact telephone number for the next 14 days after disembarkation:

| |
|---|
| +33 6 85 16 26 76 |

| First Name & Surname as shown in the identification Card/ Passport: | Father's name: | Seat: | Number of Aircraft Type Seat/ Cabin: |
|---|---|---|---|
| Christelle JESTIN | BAUDRY | A) ECONOMY ☑<br>B) AIRCRAFT TYPE ☐<br>C) BUSINESS ☐<br>D) CABIN ☐ | |

| First Name & Surname of all children travelling with you who are under 18 years old: | Father's name: | Seat: | Number of Aircraft Type Seat/ Cabin: |
|---|---|---|---|
| | | A) ECONOMY ☐<br>B) AIRCRAFT TYPE ☐<br>C) BUSINESS ☐<br>D) CABIN ☐ | |

| Within the past 14 days have you or has any person listed above: | YES | NO |
|---|---|---|
| • Presented sudden onset of symptoms of fever or cough or difficulty in breathing? ..... | ☐ | ☑ |
| • Had close contact with anyone diagnosed as having coronavirus COVID-19..... | ☐ | ☑ |
| • Provided care for someone with COVID-19 or worked with a health care worker infected with COVID-19?..... | ☐ | ☑ |
| • Visited or stayed in close proximity to anyone with COVID-19?..... | ☐ | ☑ |
| • Worked in close proximity to or shared the same classroom environment with someone with COVID-19? ..... | ☐ | ☑ |
| • Travelled with a patient with COVID-19 in any kind of conveyance?..... | ☐ | ☑ |
| • Lived in the same household as a patient with COVID-19? ..... | ☐ | ☑ |

**Very important!**
The use of a surgical or tissue mask during boarding/disembarking and during the trip is mandatory.

Signature

.....

# Pre boarding information

## To be completed by any adult

| Date: | Destination: |
|---|---|
| 25/09/2020 | MILOS |

Name as shown in the passport or other ID:

| |
|---|
| JESTIN Christelle |

Names of all children travelling with you under 18 years old:

| |
|---|
| |
| |
| |

Contact details: (telephone, email)

| | |
|---|---|
| +33685162676 | famille.jljestin@wanadoo.fr |

| Within the past 14 days, have you, or any person listed above: | YES | NO |
|---|---|---|
| ▶ Had close contact with anyone diagnosed as having Coronavirus disease (COVID-19)? | | X |
| ▶ Traveled together with COVID-19 patient in any kind of conveyance? | | X |
| ▶ Lived in the same household as a COVID-19 patient? | | X |
| ▶ Provided direct care for COVID-19 patients, working with healthcare workers infected with novel Coronavirus? | | X |
| ▶ Visited or stayed in a close environment with any patient having Coronavirus disease (COVID-19)? | | X |
| ▶ Worked together in close proximity, or sharing the same classroom environment, with a COVID-19 patient? | | X |

**Signature**

.....

SEAJETS

# Pre-boarding health declaration questionnaire

**(The questionnaire is to be completed by all adults before embarkation)**

| NAME OF VESSEL | SHIPPING COMPANY | DATE AND TIME OF ITINERARY | PORT OF DISEMBARKATION |
|---|---|---|---|
| SPEEDRUNNER III | AEGEAN SPEED LINES | 28/09/2020 15h30 | PIRAEUS |
| Contact telephone number for the next 14 days after disembarkation: | | +33 6 85 16 26 76 | |

| First Name as shown in the Identification Card/Passport: | Surname as shown in the Identification Card/Passport: | Father's name: | SEAT A.ECONOMY B.AIRCRAFT TYPE C.BUSINESS D.CABIN | NUMBER OF AIRCRAFT TYPE SEAT/ CABIN: |
|---|---|---|---|---|
| CHRISTELLE | JESTIN | BAUDRY | A | |
| **First Name of all children travelling with you who are under 18 years old:** | **Surname of all children travelling with you who are under 18 years old:** | **Father's name:** | **SEAT A. ECONOMY B. AIRCRAFT TYPE C. BUSINESS D.CABIN** | **NUMBER OF AIRCRAFT TYPE SEAT/ CABIN:** |
| | | | | |
| | | | | |

**Questions**

| 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? | | X |
| **2.** Have you, or has any person listed above, had close contact with anyone diagnosed as having coronavirus COVID-19? | | X |
| **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? | | X |
| **4.** Have you, or has any person listed above, visited or stayed in close proximity to anyone with COVID-19? | | X |
| **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? | | X |
| **6.** Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance? | | X |
| **7.** Have you, or has any person listed above, lived in the same household as a patient with COVID-19? | | X |