

# Pre boarding information

To be completed by any adult

Date:

22/09/2020

Destination:

PAROS

Name as shown in the passport or other ID:

LEMARCHAND Martine

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

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|  |
|  |

Contact details: (telephone, email)

+33677773368

pierremarchand2@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



# Pre boarding information

To be completed by any adult

Date:

24/09/2020

Destination:

NAXOS

Name as shown in the passport or other ID:

LEMARCHAND Martine

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

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Contact details: (telephone, email)

+33677773368

pierremarchand2@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





## Pre-boarding health declaration questionnaire

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

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

Contact telephone number for the next 14 days after disembarkation:

**+33 6 77 77 33 68**

| First Name & Surname as shown in the identification Card/ Passport: | Father's name: | Seat:   | Number of Aircraft Type Seat/ Cabin:  |
|---|----------------|---|---|
| <b>Martine LEMARCHAND</b>   | <b>RAIGNER</b> | A) ECONOMY<br>B) AIRCRAFT TYPE<br>C) BUSINESS<br>D) CABIN | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |

| 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 | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |

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:

25/09/2020

Destination:

MILOS

Name as shown in the passport or other ID:

LEMARCHAND Martine

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

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Contact details: (telephone, email)

+33677773368

pierremarchand2@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



## 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 77 77 33 68          |                        |

| First Name as shown in the Identification Card/Passport:                   | Surname as shown in the Identification Card/Passport:                   | Father's name: | SEAT<br>A.ECONOMY<br>B.AIRCRAFT TYPE<br>C.BUSINESS<br>D.CABIN    | NUMBER OF AIRCRAFT TYPE SEAT/ CABIN: |
|--|---|----------------|--|--------------------------------------|
| MARTINE  | LEMARCHAND  | RAIGNER        | 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<br>A. ECONOMY<br>B. AIRCRAFT TYPE<br>C. BUSINESS<br>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  |