

Pre boarding information

To be completed by any adult

Date:

22/09/2020

Destination:

PAROS

Name as shown in the passport or other ID:

RAIGNER Michèle

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

Contact details: (telephone, email)

+33688966870

michele.raigner@hotmail.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)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ▶ Traveled together with COVID-19 patient in any kind of conveyance? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ▶ Lived in the same household as a COVID-19 patient? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ▶ Provided direct care for COVID-19 patients, working with healthcare workers infected with novel Coronavirus? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ▶ Visited or stayed in a close environment with any patient having Coronavirus disease (COVID-19)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ▶ Worked together in close proximity, or sharing the same classroom environment, with a COVID-19 patient? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Signature

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Pre boarding information

To be completed by any adult

Date:

24/09/2020

Destination:

NAXOS

Name as shown in the passport or other ID:

RAIGNER Alain

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

Contact details: (telephone, email)

+33688966870

michele.raigner@hotmail.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)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ▶ Traveled together with COVID-19 patient in any kind of conveyance? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ▶ Lived in the same household as a COVID-19 patient? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ▶ Provided direct care for COVID-19 patients, working with healthcare workers infected with novel Coronavirus? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ▶ Visited or stayed in a close environment with any patient having Coronavirus disease (COVID-19)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ▶ Worked together in close proximity, or sharing the same classroom environment, with a COVID-19 patient? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Signature

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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
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Contact telephone number for the next 14 days after disembarkation:

+33 6 73 98 20 68

First Name & Surname as shown
in the identification Card/ Passport:

Father's name:

Seat:

Number of Aircraft
Type Seat/ Cabin:

Michèle JUNG	JUNG	A) ECONOMY B) AIRCRAFT TYPE C) BUSINESS D) CABIN	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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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 B) AIRCRAFT TYPE C) BUSINESS D) CABIN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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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? ☐ YES ☒ NO
- Had close contact with anyone diagnosed as having coronavirus COVID-19..... ☐ YES ☒ NO
- Provided care for someone with COVID-19 or worked with a health care worker infected with COVID-19?..... ☐ YES ☒ NO
- Visited or stayed in close proximity to anyone with COVID-19?..... ☐ YES ☒ NO
- Worked in close proximity to or shared the same classroom environment with someone with COVID-19? ☐ YES ☒ NO
- Travelled with a patient with COVID-19 in any kind of conveyance?..... ☐ YES ☒ NO
- Lived in the same household as a patient with COVID-19? ☐ YES ☒ NO

Very important!

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

Signature

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Pre boarding information

To be completed by any adult

Date:

25/09/2020

Destination:

MILOS

Name as shown in the passport or other ID:

RAIGNER Alain

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

Contact details: (telephone, email)

+33688966870

michele.raigner@hotmail.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)?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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▶ Traveled together with COVID-19 patient in any kind of conveyance?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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▶ Lived in the same household as a COVID-19 patient?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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▶ Provided direct care for COVID-19 patients, working with healthcare workers infected with novel Coronavirus?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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▶ Visited or stayed in a close environment with any patient having Coronavirus disease (COVID-19)?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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▶ Worked together in close proximity, or sharing the same classroom environment, with a COVID-19 patient?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Signature

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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 73 98 20 68	

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:
MICHELE	RAIGNER	JUNG	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