



Pre-boarding health declaration questionnaire

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

NAME OF VESSEL	DATE AND TIME OF ITINERARY	PORT OF EMBARKATION	PORT OF DISEMBARKATION
Contact telephone number for the next 14 days after disembarkation:			

First Name as shown in the Identification Card/Passport:	Surname as shown in the Identification card/Passport:	Father's name:	SEAT	NUMBER OF AIRCRAFT SEAT/ CABIN:
			{C} ECONOMY	
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	NUMBER OF AIRCRAFT SEAT/ CABIN:
			{C} ECONOMY	
			{C} ECONOMY	

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		
2. Have you, or has any person listed above, had close contact with anyone diagnosed as having coronavirus COVID-19?		
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?		
4. Have you, or has any person listed above, visited or stayed in close proximity to anyone with COVID-19?		
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?		
6. Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance		
7. Have you, or has any person listed above, lived in the same household as a patient with COVID-19?		
8. Have you done a laboratory test for COVID-19 in the last 14 days?	<input type="checkbox"/> NO <input type="checkbox"/> A RESULT IS EXPECTED <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	

Information regarding Personal Data:

The processing of personal data is carried out for reasons of public interest, for the protection of public health and for handling the consequences of coronavirus COVID-19 and is governed by the provisions of the General Regulation for Data Protection and Law 4624/2019 (Government Gazette 137/A/2019).

Joint Controllers are:

(a) the Ministry of Shipping and Island Policy; and

(b) the company ANES FERRIES, address 2, Gounari str.,18531 Piraeus- Greece, email: info@anes.gr, Data Protection Officer of the company: address 2, Gounari str.,18531 Piraeus- Greece, email: dpo@anes.gr, where you can send your requests for the exercise of your rights [right to information, access, correction, deletion (after two months), restriction of processing].

Detailed information has been posted on the website of the Ministry of Shipping and Island Policy, at <https://www.ynanp.gr/el/> in the section: Instructions and Passenger Questionnaires.

Signature



<https://www.anes.gr>

<https://www.anes.gr/en/announcements/pre-boarding-health-declaration-questionnaire>