



## Pre-boarding health declaration questionnaire

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

Name of Vessel:	Shipping Compan		Date and time of itinerary:				: Po	Port of disembarkation:			
	11	1 /									
Contact telephone number for	the next	14 days after diser	nbark	ation:							
First Name & Surname as shown in the identification Card/ Passport:		Father's name:		Seat:					Number of Aircraft Type Seat or Cabin		
				Α	В	С	D				
First Name & Surname of all c travelling with you who are under 18 years old:			A) ECONOMY B) AIRCRAFT TYPE C) BUSINESS D) CABIN								
				Α	В	С	D				
				Α	В	С	D				
				Α	В	С	D				
				Α	В	С	D				
Within the past 14 days have y	/ou or ha	s any person listed	d abov	e:					YES	NO	
1. Presented sudden onset of s onset of anosmia, ageusia or	ymptoms	of fever or cough o	or diffio	ulty in br	eathing	g or su	dden				
2. Had close contact with anyo											
3. Provided care for someone infected with COVID-19?	with COV	ID-19 or worked w	vith a l	nealth ca	re wor	ker			· □		
4. Visited or stayed in close proximity to anyone with COVID-19?							· □				
5. Worked in close proximity to or shared the same classroom environment with someone with COVID-19?									· □		
6. Travelled with a patient with COVID-19 in any kind of conveyance?									· □		
7. Lived in the same household as a patient with COVID-19?									· П		
TEST RESULTS AND VACCIN	NATION										
8. Have you been tested for CC NO PENDING RESU 9. Have you conducted, this da NO POSITIVE <sup>2</sup>	OVID-19 w JLTS	POSITIVE <sup>1</sup> DEO lay before, a rapid	GATIVI test c	E or self-tes	st for C	OVID-	19?				
10. Have you been vaccinated		-			· :				· []		
<sup>1</sup> Embarkation onboard the vessel is pro <sup>2</sup> Embarkation onboard the vessel is pro											
Update on Personal Data:											

The processing of personal data is carried out for reasons of public interest for the protection of public health and the treatment of 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 Editors are: (a) the Ministry of Shipping and Island Policy; and (b) the companies of Attica Group, with the trade names Superfast Ferries, Blue Star Ferries, Hellenic Seaways, based in 1-7 Lysikratous Str. & Evripidou, 17674 Kallithea, email: mydata@attica-group.com, with contact details of the Data Protection Officer - email: dpo@attica-group.com, where you can apply 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.

## Very important!

The use of a protection mask during boarding/disembarking and during the trip is mandatory.