
Public Health Questionnaire

Date: _____ Ship: _____ Stateroom # _____

NAME: _____

Names of children under age 18 travelling with you:

1. _____ 2. _____

3. _____ 4. _____

To assist in preventing the spread of **Communicable Disease** during your cruise, we require you to answer the following questions:

1. Within the **last 7 days**, have you, or any person listed above, had any of the following symptoms: **Fever, Chills, Cough, Runny Nose, Sore Throat or Shortness of breath?**

YES NO

2. Within the **last 2 days**, have you, or any person listed above, developed any symptoms of **Diarrhea or Vomiting?**

YES NO

3. Are you (or anyone listed above) known to suffer or are you under treatment for any chronic heart, lung, liver or kidney disease OR are under treatment for any illness known to lower your immune system competence (e.g. diabetes, HIV/AIDS, cancer)?

YES NO

4. Has anyone in your party had contact with, or helped care for, anyone suspected or diagnosed as having COVID-19, or anyone who is currently subject to health monitoring for possible exposure to COVID-19?

YES NO

(If you answered "Yes" to any question(s), you will be assessed free of charge by a member of our shipboard medical staff. You will be permitted to travel, unless you are suspected to have an illness of international public health concern)

PREGNANCY Notice: For your health and safety, Royal Caribbean Cruises Ltd. cannot accept guests who will have entered their 24th week of pregnancy at any time during the cruise or cruise tour. If this policy applies to you, or anyone in your party, do not board the ship and immediately bring this to the attention of your cruise check-in agent.

Travel History

1. Have you visited OR transited through Mainland CHINA, HONG KONG, MACAU, SOUTH KOREA, IRAN, SINGAPORE, JAPAN, TAIWAN or an EU Schengen Country in the past 21 days?

(Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and Switzerland)

YES NO

If yes, please specify which country: _____

2. Have you been exposed (in contact with) to anyone Mainland CHINA, HONG KONG, MACAU, SOUTH KOREA, IRAN, SINGAPORE, JAPAN, TAIWAN or an EU Schengen Country in the past 21 days?

(Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and Switzerland)

YES NO UNSURE

I CERTIFY that the above declarations are true and correct and that any dishonest answers may have serious public health or medical implications.

Signature: _____
