

COVID-19 Pre-Boarding Health Self-Declaration

Must be completed prior to boarding by ALL persons 18 age and above; One form per adult

DATE:		VESSEL:	
PORT:		CABIN #:	
NAME:			

Names of children under the age of 18 travelling with you.

1. _____	2. _____
3. _____	4. _____

To protect the health and safety of all persons on the vessel/tour, please answer all the following questions:

In the past 14 days, have you, or any of the persons listed above:

1. Had any of the following signs or symptoms?

Cough	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Fever or chills	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Shortness of breath	<input type="checkbox"/> YES / <input type="checkbox"/> NO	New loss of taste	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Difficulty breathing	<input type="checkbox"/> YES / <input type="checkbox"/> NO	New loss of smell	<input type="checkbox"/> YES / <input type="checkbox"/> NO

2. Had at least 2 or more of the following symptoms:

If YES, check all that apply:

<input type="checkbox"/>	Congestion or runny nose	<input type="checkbox"/>	Headache
<input type="checkbox"/>	Sore throat	<input type="checkbox"/>	Nausea or vomiting
<input type="checkbox"/>	Muscle or body aches	<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Fatigue / extreme tiredness		

3. Tested positive for COVID-19 (SARS-CoV-2)?

4. Had contact with a suspected or confirmed COVID-19 case?

5. Received the last dose of an approved COVID-19 vaccine?

If YES, please advise the name of the vaccine and date of the last dose.

Vaccine name: _____ Date of last dose: _____

YES / NO

YES / NO

YES / NO

This questionnaire may be reported to public health authorities. Penalties may apply to any individual who knowingly and willfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications

By signing below, I acknowledge that I am aware of the potential risks associated with my travel plans and have been notified of any travel advisories. Such risks may include physical and/or psychological injury, pain, suffering, illness, temporary or permanent disability, death, or economic loss. These injuries or outcomes may arise from my own or other's actions, inactions, or negligence, or the condition of the environment. Nonetheless, I assume all risks and liability of _____, whether known or unknown to me, including travel to and from my scheduled itinerary (including air travel) or any events incidental to my travel plans. Furthermore, I shall not hold Vantage Travel Services, Inc. in any way responsible or liable therefor and will indemnify and hold Vantage harmless from and against any and all claims, liabilities, penalties, damages, judgments, and expenses (including, without limitation, reasonable attorney fees and disbursements) arising from injury to person or property of any nature arising out of my travel plans with Vantage Travel Services, Inc.*

Travelers may also be subject to a temperature check by a Vantage associate or representative. Based on information travelers provide in their wellness declarations and/or additional evaluation upon arrival, Vantage reserves the right to take appropriate steps to protect the well-being of our travelers and associates, including returning travelers home. Please note that any additional medical and/or return travel costs will be at travelers' expense.

SIGNATURE:		
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For Official Use Only — Form Reviewed By [Signature & Date]:	
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