

Pre-Boarding Health Questionnaire Taiwan

To assist us in protecting the safety and health of the passengers and crew on this cruise, please complete this questionnaire. One form per person, must be completed by ALL passengers aged 18 years old and above before boarding the vessel.

Date:	Ship:	Cabin No:
Name:		

Name(s) of all children under the age of 18 years old traveling with you :

Name:	Name:		
Name:	Name:		
Name:	Name:		
Please answer (tick "V") below questions*		Yes	No
1	In the past 14 days have you or any person listed above had symptoms listed below:- [Those who have taken any medication for the below must also declare "yes" (tick "V")]		
1a	Fever		
1b	Runny/stuffy nose		
1c	Cough		
1d	Loss of smell or taste		
1e	Shortness of breath		
1f	Diarrhea		
1g	Malaise (feeling of discomfort, illness, or unease whose cause is difficult to identify)		
1h	Limb weakness		
2	Do you or any person listed above have a severe chronic medical condition including heart disease, lung disease or diabetes?		
3	In the past 14 days, have you or any person listed above been in close contact with family members / friends / visitors / people who have: a. returned from a country with active transmission of Covid-19 OR b. been placed on a Stay home notice, Leave of Absence or issued a Quarantine Order?		
4	In the past 14 days, have you or any person listed above been in close contact with, or helped care for anyone known or suspected of having Covid-19?*		
5	Have you/any person listed above travelled outside Taiwan in the past 30 days?*		

*If yes, a member of the shipboard Medical Staff will assess you free of charge. You will be allowed to travel, unless you are suspected to have an illness of international public health concern.

**If you declared "yes" (tick "V") for any of the questions 1a, 1b, 1c, 1d, 1e, 1f, 4 or 5, you would be denied boarding.

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

Signature	Date
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Pre-Boarding Health Questionnaire **Taiwan** 台灣登船前健康問卷調查

所有 18 歲或以上旅客必須於登船前填妥問卷；每份問卷限一人填寫

日期:	郵輪:	房號:
姓名:		

請填寫所有 18 歲以下的同行兒童姓名：

姓名:	姓名:
姓名:	姓名:

為確保船上旅客及船員的健康安全，請如實作答。請於右方以("√")選擇答案：		有	沒有
1	在過去 14 日內，您或上列同行旅客有否出現下列任何病徵？ [已服藥者亦須填「有」("√")]		
1a	發燒		
1b	流鼻水 / 鼻塞		
1c	咳嗽		
1d	嗅覺或味覺異常		
1e	呼吸急促		
1f	腹瀉		
1g	全身倦怠 (感覺不舒服、不適或不安，確切原因不明)		
1h	四肢無力		
2	您或上列同行旅客是否患有嚴重的慢性疾病包括心臟病、肺病或糖尿病？		
3	在過去 14 日內，您或上列同行旅客有沒有曾經與下列情況的家人 / 朋友 / 訪客 / 任何人接觸： a. 從新型冠狀病毒疫區國家回來; 或 b. 請「防疫隔離假」、居家檢疫 / 隔離。		
4	在過去 14 日內，您或上列同行旅客有沒有曾經接觸或照顧確診或懷疑感染新型冠狀病毒之患者？**		
5	在過去 30 日內，您或上列同行旅客是否曾出境旅行？**		

* 如果您的答案是「有」，船上的醫務人員將會免費為您進行身體檢查，評估您是否適合出遊。如果您被懷疑感染對國際公共衛生有重大影響之疾病，抱歉您將不能繼續行程。

* **如果問題 1a, 1b, 1c, 1d, 1e, 1f、4 或 5，您的答案是「有」，您將被禁止登船。

本人確認上述聲明真確，並明白虛報可能會產生嚴重的公共衛生問題。

簽署:	日期:
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