

## MANDATORY PRE-BOARDING HEALTH DECLARATION FORM (COVID-19) MINOAN LINES DOMESTIC ROUTES

(To be completed by adult passengers for themselves and for their minor children, in case they travel together)

DATE \_\_\_\_\_ VESSEL \_\_\_\_\_ ITINERARY \_\_\_\_\_

NAME \_\_\_\_\_ SURNAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

NAMES OF THE MINOR CHILDREN (UP TO 18 YEARS OLD)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER (PREFERABLE MOBILE NUMBER) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**You are requested to fill out the following questionnaire by putting X in the corresponding box - and especially within the past 14 days, before your trip:**

Have you had symptoms of fever, severe cough or other cold symptoms?  YES  NO

Do you have a person in your direct family or professional environment who has had or has been infected with the COVID-19 virus?  YES  NO

Have you lived - co-resided - with a person who has been ill with COVID-19?  YES  NO

Have you visited a person who has been ill with COVID-19?  YES  NO

Have you offered any kind of health care to a person who has been ill with COVID-19?  YES  NO

Have you returned from a foreign country?  YES  NO

Have you traveled by public transportation / ferry / airplane / train etc. accompanying a person who has been ill with COVID-19?  YES  NO

Have you been in close contact with health care personnel (doctors / nurses) who have been ill with COVID-19?  YES  NO

The above personal data and sensitive data are collected and processed solely for the purposes of compliance with applicable law, the execution of the contract of carriage and the protection of individual and public health. They will be maintained for a period of 30 days unless requested by the Competent Authorities to be maintained for a longer period. The above data will not be disclosed to third parties, only following a relevant order from the Competent Authorities.

In case you wish to be informed of the data we hold about you, to correct it, to update it or to delete it, if it is no longer necessary to maintain them, you may contact the Customer Service Department of our Company at the following contact email: [customer@minoan.gr](mailto:customer@minoan.gr)

I declare responsibly that the above information is true. I agree and accept the need to process personal data and sensitive personal data for the aforementioned purposes.

The Declarant