



Pre-boarding Health Declaration Questionnaire

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

Name of Vessel:	Shipping Company:	Date & Time of itinerary:	Port of Disembarkation:
«PORFYROUSA»	PORFYROUSA N.E.		
Contact telephone number for the next 14 days after disembarkation::			

First Name & Surname as shown in the Identification Card/Passport:	Father's name:	Seat:	Number of Aircraft Type Seat or Cabin:
		(A) (B) (C) (D)	
First Name & Surname of all children travelling with you who are under 18 years old:		(A) ECONOMY (B) AIRCRAFT TYPE (C) BUSINESS (D) CABIN	
		(A) (B) (C) (D)	
		(A) (B) (C) (D)	
		(A) (B) (C) (D)	

Within the past 14 days have you or any person listed above:	YES	NO
1) Presented sudden onset of symptoms of fever or cough or difficulty in breathing or sudden onset of anosmia, ageusia or dysgeusia?	<input type="checkbox"/>	<input type="checkbox"/>
2) Had close contact with anyone diagnosed as having coronavirus COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
3) Provided care for someone with COVID-19 or worked with a health care worker infected with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
4) Visited or stayed in close proximity to anyone with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
5) Worked in close proximity to or shared the same classroom environment with someone with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
6) Travelled with a patient with COVID-19 in any kind of conveyance?	<input type="checkbox"/>	<input type="checkbox"/>
7) Lived in the same household as a patient with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you been tested for COVID-19 with a molecular method (PCR) within the past 72 hours?	<input type="checkbox"/> No <input type="checkbox"/> Positive*	<input type="checkbox"/> Pending Results <input type="checkbox"/> Negative
9) Have you performed, today or the day before, a rapid test for COVID-19?	<input type="checkbox"/> No <input type="checkbox"/> Positive*	<input type="checkbox"/> Negative
10) Have you been vaccinated with all the necessary doses for COVID-19?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Information about 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 the Data Protection and Law 4624/2019 (Government Gazette 137/A/2019). Joint Editors are: (a) the Ministry of Shipping and Island Policy, and (b) "Porfyrousa Maritime Company" that is based in Nafpaktos, Athinon 15 St., 30300, email: info@tritonferries.gr, with contact details of the Data Protection Officer - email: nn@olympiahellas.gr, 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 Ministry of Shipping and Island Policy, at <https://www.ynanp.gr/el/> in the section: Instructions and Passenger Questionnaires.

I declare that I have read and understood the above and consent to the processing of my personal information. Furthermore, having full understanding of the legal consequences for provision of false information, I declare that the information provided in this form is true and belongs to me.

Signature
