



nicko cruises Schiffsreisen GmbH • Mittlerer Pfad 2 • 70499 Stuttgart

Infection protection – Questionnaire

This form needs to be filled in by every person above the age of 18. For children younger than 18, a fellow adult traveler must complete the form for the child. One form per person. Please bring the fully completed form to the embarkation.

name: _____

cabin number: _____

ship: _____

arrival date: _____

port: _____

Please answer the following questions to support us with the health and safety protection of passengers and crew members:

1. Has a medical practitioner diagnosed that you are or were suffering from COVID-19?

Yes, currently infected.

No.

2. Have you been tested positive with a PCR test for the new type of coronavirus (SARS-CoV-2) within the last 14 days?

Yes, infection detected.

No, resp. not within the last 14 days.

3. Have you disobeyed the rules of „social distancing“ within the last 14 days, i.e. regularly came below the minimum distance of 1.5m to non-household members, had close gatherings with various non-household members, etc.?

Yes, I contravened the rules of „social distancing“.

No, I followed the rules of „social distancing“.

4. Do you have your permanent residence in a high-risk area (outside of Germany), or have you stayed in such an area for a longer period within the last 14 days?

Yes, I have been in one of the high-risk areas.

No, I was not in any high-risk areas.



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5. Have you been in contact with a person within the last 14 days suspected of being infected with the new type of coronavirus (SARS-CoV-2) or who has been diagnosed with such an infection, or who is currently undergoing health surveillance or is being monitored to identify a possible infection?

<input type="checkbox"/> Yes, I was in contact with such a person within the last 14 days.	<input type="checkbox"/> No, resp. not within the last 14 days.
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If you have answered one or more of the above-mentioned questions with “Yes”, please contact us promptly at +49711-248980599 and keep relevant documents (test results, medical certificates, instructions from the public health office, work certificates, etc.) available.

6. Have you already been fully vaccinated against the coronavirus (SARS-CoV-2) with one of the common vaccines? Please bring your proof of vaccination (vaccination card or vaccination certificate) with you to embarkation.

<input type="checkbox"/> Yes, I have already been vaccinated Date of the vaccination: _____	<input type="checkbox"/> No, I have not been vaccinated yet.
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Please answer the following question only at the day of embarkation:

7. Do you have a fever (38 °C or higher) or chills or (acute, not chronic) cough or breathing problems?

<input type="checkbox"/> Yes, at least one of the symptoms (acute).	<input type="checkbox"/> No, none of the above-mentioned symptoms.
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The information of the questionnaire can be reported to competent health authorities.

I confirm that the above statements are true and correct, and I understand that dishonest answers can have profound consequences on public health. I hereby confirm my consent to a quick test for SARS-CoV-2 antigen during the cruise, if necessary.

Date, signature: _____

(in the case of children, signature of the accompanying adult)