



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 traveller must complete the form for the child. One form per person. Please bring the fully completed form to the embarkation. The survey is based on Section 2a (1) of the CoronaSchVO.

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. **Yes, but cured.** **No.**
2. Have you been tested with a so-called PCR test for the new type of coronavirus (SARS-CoV-2) within the last 14 days?
 Yes, infection detected. **Yes, but no 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. 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?
 Yes, I was in contact with such a person within the last 14 days. **No, resp. not within the last 14 days.**

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.



Please answer the following question only at the day of embarkation and bring this form:

5. Do you have a fever (38 °C or higher) or chills or (acute, not chronic) cough or breathing problems?
- Yes, at least on of the symptoms (acute).** **No, non of the above-mentioned symptoms.**

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 antibodies on embarkation.

Date, signature:

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