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OMPAI Jame						· · · · · ·	OMPANIONS – NON-FAMILY/NON-SAME HOUSEHOLD: Also include name of group (if any)   Jame First (Given) Name	• • • •		

First (Given) Name

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## 39. Co-habitants in cabin:

## Last (Family) Name

(1)													
(2)													
(3)													
(4)													

TO BE COMPLI (ONE FORM PER PI (Rev.9, 016.03.22) Note: Form to be o	-	CELESTYAL CRUISES
Date:		
Vessel:	Cabin No:	
Name and Surname:		
2 3 4	d by this questionnaire:	on this cruise, we require you to answer the
1. Have you or any	person listed above had a positive COVID-19 test re	esult within the last 14 days?

- 2. Have you or any person listed above had close contact with, or helped care for anyone suspected or diagnosed as having COVID-19 during the last 14 days?
- 3. Are you or any person listed above currently subject to health monitoring for possible exposure to COVID-19?

4.	Do you or any person listed above have any of the following symptoms: Fever (38C/100,4F or higher), feel feverish or
	have chills, shortness of breath or difficulty in breathing, fatigue, muscle or body aches, headache, new loss of smell
	or taste, sore throat, congestion or runny nose, nausea or vomiting or diarrhoea?

Y || N

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Y

Y

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For the unlikely event that you are personally involved in a health or safety emergency, we require you to provide your
emergency contact information. All information contained in this document will be used only for the reasons described
above and will be erased at the end of the cruise. You may list a parent, family member, spouse, or other trusted
individual as your emergency contact.

Contact name: _	Contact number:
Contact name:	Contact number:

By signing below, I attest to my/our willingness to abide by all prescribed health protocols onboard and ashore, throughout the cruise itinerary. I certify that the above declaration is true and correct and understand that any dishonest answers may have serious public health implications and that penalties may apply.

Signature: \_\_\_\_\_\_