

As a preventive measure against the Covid-19 virus, all visitors, passengers and self-drivers must complete this form correctly, sign it and return a scan copy to CLdN's Booking Desk. By signing this form, all visitors, passengers and self-drivers declare that they will strictly abide by CLdN's and the Ship Managers' hygiene and other preventive measures applicable on-board the ship.

<u>Details</u> :	
Vessel Name: M.V.	Date:
Surname:	Name:
Tick the applicable boxes indicating the complete where necessary the date of	e countries you have traveled to in the past two weeks and arrival at home:
China (including Hong Kong and Taiwan)	NO YES, Return date:
Japan	NO YES, Return date:
Middle East (all countries)	NO YES, Return date:
Italy, including all ski resorts + any Italian airport	NO YES, Return date:
Singapore	NO YES, Return date:
South Korea	NO YES, Return date:
Any other country	NO YES, Country:
	Return date:
Tick the applicable boxes and complete	e where necessary the start date:
I confirm that I do not have one or more difficulty breathing, muscle pain and/or	e of the following symptoms: fever (i.e. > 37.5 °C), a cough, tiredness.
I have none of these symptoms	I have one or more of these symptoms since
Other information required:	
past 14 days:	ontact with a person contaminated with COVID-19 Virus in the
the past 14 days:	I have worked in/attended such health facility on the following date:
I CONFIRM RECEIPT OF THESE I COMPLETED ON THIS FORM AF	INSTRUCTIONS AND I CONFIRM THE DETAILS RE CORRECT:
Signed:	Dated: