

# PUBLIC HEALTH QUESTIONNAIRE

Must be completed by ALL persons age 18 and above prior to boarding or visiting the ship (one form per adult).

Date: \_\_\_\_\_ Ship: \_\_\_\_\_

Port: \_\_\_\_\_ Stateroom: \_\_\_\_\_

Name: \_\_\_\_\_

## Names of all children under the age of 18 travelling with you.

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

To assist us in protecting the health and safety of guests and crew on this cruise, we require that you answer the following questions:

1. Within the last 3 days, have you or any person listed above developed any symptoms of diarrhea or vomiting?  YES\*  NO
2. Do you, or any person listed above, have a fever or feverishness PLUS any ONE of the following additional symptoms: cough, runny nose or sore throat?  YES\*  NO
3. Are you, or anyone listed above, pregnant?  YES\*\*  NO

*\*If you answer "YES" to questions 1 or 2, you will be assessed, free of charge, by a member of the shipboard medical staff. You will be allowed to travel, unless you are suspected to have an illness of international public concern.*

*\*\*If you answer "YES" to question 3, you will be required to submit Carnival's Attending Physician Pregnancy Certification Form. The form, filled out by your attending physician, certifies that the gestational status is in accordance with Carnival's pregnancy policy and that you are fit to sail.*

This questionnaire may be reported to international health bodies or entities. For further information see our Privacy Policy on our website. Penalties may apply to any individual who knowingly and willfully makes a false, fictitious or fraudulent statement or representation.

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

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