



Health Declaration

MANDATORY FORM FOR PASSENGERS

Please complete and sign this form on the day of boarding and present it at check-in onboard.

Effective November 15, 2021 Lueftner Cruises is implementing updated health and safety measures including pre-screening of passenger data as a result of the novel coronavirus ("COVID-19"). In an effort to keep passengers safe and healthy onboard our vessels, we require all passengers to fill out this Health Declaration Form regarding vaccination

status, symptoms, travel, and potential COVID-19 exposure before check-in onboard our vessels. We are committed to protecting the privacy and security of personal information that you provide to us in connection with these health and safety measures. **Note:** You will need to provide a negative PCR test taken within 72 hours of boarding or a negative antigen test taken within 48 hours of boarding.

Please print clearly, thank you!

PART I · Personal Information

First Name:	
Middle Name:	
Last Name:	
Date of Birth (MM/DD/YEAR)	
Booking	

I am vaccinated against COVID-19 (Complete PART II of this form. Please present your original CDC COVID-19 Vaccination card upon check-in)*

I am recently recovered from COVID-19 (Please present documentation of recovery such as proof of positive test result issued at most 90 days before embarkation and a letter from a health care provider to clear you for travel upon check-in.)

I can provide a certified negative rapid antigen test result (taken within 48 hours of boarding) OR a certified negative PCR test result (taken within 72 hours of boarding) **REQUIRED FOR ALL PASSENGERS**

I have not experienced any of the following symptoms during the last 48 hours:

- Cough, fever of 100.4 F / 38°C or higher or chills;
- Unusual fatigue;
- Unusual shortness of breath;
- Unusual muscle aches and/or pains;
- Unusual headaches;
- Loss of taste or smell;
- Unusual diarrhea.

*For itineraries including stops in Austria: As of Dec 6, 2021 the validity of Covid-19 vaccination certificates will be limited to 270 days after administration of the last dose.

PART II · VACCINATION DOCUMENTATION Vaccine Dose

	First Dose	Second Dose	Booster
Product name / manufacturer			
Administration date	MM/DD/YEAR	MM/DD/YEAR	MM/DD/YEAR
Administration facility			

Vaccine has to be approved by EMA (European Medicines Agency). Vaccines currently approved by EMA are: Pfizer-BioNTech, Astra Zeneca, Moderna, Johnson & Johnson

PART III · ACKNOWLEDGEMENTS

I agree to comply with the entry requirements of all individual countries during the cruise, which may include providing proof of COVID-19 vaccination valid for travel on this itinerary and/or to complete any COVID-19 testing required at my own expense.

I agree to take personal responsibility for my own health and wellbeing, follow all local health protocols as well as the health and safety instructions onboard the vessel during the cruise. I understand that non-compliance with these measures by myself or my travelling party may result in mandatory disembarkation.

I acknowledge that, should I become infected with COVID-19 and/or be tested positive for COVID-19 at any time during the cruise, I will be subject to disembarkation. I understand that Lueftner Cruises cannot guarantee that I, or those I am travelling with, will not become exposed to or infected with COVID-19.

I understand that the risk of becoming infected with COVID-19 during the cruise may result from the actions, omissions, or negligence of myself and others, including, but not limited to Lueftner Cruises staff and crew, service providers and other passengers. I agree to hold Lueftner Cruises harmless and voluntarily assume all risks and related expenses in the event that I, or any member of my travelling party, require testing, quarantine or become infected with COVID-19.

SIGNATURE

Passenger

Date

Signature