



Health Declaration

MANDATORY FORM FOR PASSENGERS

Please fill this form in **on the morning of the day of boarding** and bring the completed form with you for embarkation. A member of the AMADEUS crew will collect it before check-in. Due to the current official regulations, passengers may only board the ship if they are able to present proof of the following:

EITHER

- **Fully vaccinated:** guests with an EMA (European Medicines Agency) approved vaccine are required to have a 3rd shot (booster) if the second shot was more than 270 days ago

OR

- **Recovery from COVID-19:** evidence includes a quarantine certificate or proof of at least 28 day, max. 180 days old positive PCR-RT test

*Proof must be presented **before** boarding the vessel. Exceptions are not possible. Please note that the measures are subject to change and restrictions might be eased. We ask you to check with your travel agent before starting your trip.*

- FORM INSTRUCTIONS:**
1. Fill out Section 1 electronically and print.
 2. Prior to embarkation, please fill out Sections 2 & 3.
 3. Sign and date the document. Present to the ship at embarkation.

SECTION 1

Name and surname:	
Address:	
Postcode/City/Country:	
Phone number:	
Ship:	
Travel dates: (DD/MM/YY)	

SECTION 2 The following health questions refer to a period of 14 days before the start of the cruise.

Symptoms	YES	NO
Do you have or have you had fever (99.5°F/37.5°C or higher) or flu-like symptoms such as a sore throat, runny nose, cough, or pain?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had contact with people who are suspected of having COVID-19 or who are receiving medical treatment for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **YES** to any of the above questions, **please contact your booking agent or tour organizer** for more information and details. If you have not completed the questionnaire in full, the cruise line has the right to deny you boarding in accordance with applicable regulations, without this giving rise to any claims, including claims for damages, against the cruise line or the organizer.

SECTION 3

- I can provide evidence of complete vaccination protection
[Vaccine has to be approved by EMA (European Medicines Agency)]

OR

- I can show that I have recovered from an infection with COVID-19 (at least 28 days and max. 180 days in the past).

ACKNOWLEDGMENTS

By signing this form, I confirm that the information provided above is correct and understand that failure to complete this form truthfully may have serious consequences for the public health of my fellow passengers and the crew.

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 AMADEUS / 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 AMADEUS / Lueftner Cruises staff and crew, service providers and other passengers. I agree to hold AMADEUS / 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.

Date

Signature