

## For all guests of VIVA Cruises

Please answer each of the following questions and bring your completed questionnaire for embarkation.

**1. Have you been diagnosed with COVID-19 within the last 14 days?**

Yes.       No.

**2. Are you in an ordered quarantine or do you have to be in quarantine due to the applicable entry or contact regulations?**

Yes.       No.

**3. Do you have typical symptoms of COVID-19 such as cough, cold, sore throat or fever?**

Yes.       No.

**4. Is there a complete COVID-19 vaccination, a valid proof of recovery or a negative test result (PCR max. 48 hours or antigen rapid test max. 24 hours, no self-test)?**

Yes.       No.

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Last Name/First Name

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E-Mail

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Address/Street

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City/Country

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Postcode/ZIP

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Ship Name

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City of Embarkation

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Cabin Number

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Date

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Signature

I hereby confirm that I have read and understood the above questions and have answered them truthfully.

The information in this questionnaire may be reported to local health authorities.

I hereby agree that VIVA Cruises may process the personal data collected and use it to send me information about VIVA Cruises offers by post or e-mail from time to time.