



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. Thank you!

According to current regulations, access to the ship is only possible for passengers with **proof of complete COVID-19 vaccination** (14 days after vaccination with the second vaccine dose or 28 days after vaccination with 1 dose) **OR** after **recovery from COVID-19** (proof of at least 28 day, max. 6 month old

positive PCR test). In addition, we require **all guests** to present 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).

Please print, thank you!

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

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 (37.5°C or higher) or flu-like symptoms such as a sore throat, runny nose, cough, or pain?	<input type="radio"/>	<input type="radio"/>
Have you had contact with people who are suspected of having COVID-19 or who are receiving medical treatment for COVID-19?	<input type="radio"/>	<input type="radio"/>

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

- I can provide evidence of complete vaccination protection (at least 14 days after the second dose of the vaccine or 28 days after vaccination with the first dose) [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. 6 months in the past).

- AND (applies to all passengers):**
- I can show evidence of 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 boading).

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