

## DOCUMENT TO BE COMPLETED BY PASSENGERS BEFORE BOARDING

(It is completed by adults passengers for both themselves and their under-18-year children who are travelling with them)

DATE	VESSEL	JOURNEY
Passenger's NAME	Passenger's SURNAME	NAME of Passenger's Father

### PERSONAL INFORMATION OF THE UNDER-18-YEAR CHILDREN WHO ARE TRAVELLING WITH YOU

CONTACT TELEPHONE(PREFERABLY MOBILE PHONE NUMBER)	EMAIL	

Please complete the following questionnaire –by checking X in the relevant field.

Within the last 14 days:	Yes	No
Have you had symptoms of fever, severe cough or other symptoms?	<input style="border: 1px solid red;" type="checkbox"/>	<input style="border: 1px solid blue;" type="checkbox"/>
Have you had a person in your immediate family or professional environment who has been infected with COVID-19?	<input style="border: 1px solid red;" type="checkbox"/>	<input style="border: 1px solid blue;" type="checkbox"/>
Have you lived in the same household as a patient who has been infected with COVID-19?	<input style="border: 1px solid red;" type="checkbox"/>	<input style="border: 1px solid blue;" type="checkbox"/>
Have you visited anyone who has been infected with COVID-19?	<input style="border: 1px solid red;" type="checkbox"/>	<input style="border: 1px solid blue;" type="checkbox"/>
Have you provided care for someone who has been infected with COVID-19?	<input style="border: 1px solid red;" type="checkbox"/>	<input style="border: 1px solid blue;" type="checkbox"/>
Have you returned from a country abroad?	<input style="border: 1px solid red;" type="checkbox"/>	<input style="border: 1px solid blue;" type="checkbox"/>
Have you travelled with a patient with COVID-19 in any kind of conveyance?	<input style="border: 1px solid red;" type="checkbox"/>	<input style="border: 1px solid blue;" type="checkbox"/>
Have you had close contact with a health care worker (doctor/ nurse) who has been infected with COVID-19?	<input style="border: 1px solid red;" type="checkbox"/>	<input style="border: 1px solid blue;" type="checkbox"/>

The above personal data and sensitive data are collected and processed solely for the purposes of compliance with applicable law, the execution of the contract of carriage and the protection of individual and public health. They will be maintained for a period of 30 days unless requested by the Competent Authorities to be maintained for a longer period. The above data will not be disclosed to third parties, only following a relevant order from the Competent Authorities.

If you wish to be informed of the data we hold about you, to correct it, to update it or to delete it, if it is no longer necessary to maintain them, you can contact our Company at the following e-mail address: [reservations@alkoferries.gr](mailto:reservations@alkoferries.gr)

I declare responsibly that the above information is true. I agree and accept the need to process personal data and sensitive personal data for the aforementioned purposes

Signature