



## Public Health Questionnaire

*Must be completed by ALL persons age 18 and above - one form per adult*

Date: \_\_\_\_\_

Ship: \_\_\_\_\_ Stateroom #: \_\_\_\_\_

Name: \_\_\_\_\_

Names of children under the age of 18 travelling with you:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

To assist in preventing the spread of **Communicable Disease** during your cruise, we require you to answer the following questions:

1. Within the **last 7 days**, have you, or any person listed above, had any of the following symptoms:

**Fever AND Chills, Cough, Runny Nose, or Sore Throat?**

YES  NO

2. Within the **last 2 days**, have you, or any person listed above, developed any symptoms of **Diarrhea or Vomiting?**

YES  NO

*(If you answer "Yes", you will be assessed free of charge by a member of our shipboard medical staff. You will be allowed to travel, unless you are suspected to have an illness of international public health concern)*

3. For your health and safety, Royal Caribbean Cruises Ltd. cannot accept guests who will have entered their **24th week of pregnancy** by the beginning of, or at any time during, the cruise or cruise tour. If this policy applies to you, or anyone in your party, please bring this to the attention of your embarkation agent.

**I certify that the above declarations are true and correct and that any dishonest answers may have serious public health or medical implications.**

Signature: \_\_\_\_\_