



Health Questionnaire

MANDATORY FORM FOR PASSENGERS

Status: 25 October 2022

Your health is our priority: For your own safety, we therefore ask you to answer the following questions **on the morning of your embarkation**. Please present the completed questionnaire to our crew when you embark on board.

IMPORTANT INFORMATIONEN

For travel through February 2023, we welcome all passengers who are either fully vaccinated against COVID-19 OR who have recently recovered from COVID-19:

- **Fully vaccinated:** Passengers with an EMA/European Medicines Agency approved vaccine are required to have a 3rd shot (booster) if the second shot was more than 9 months ago. If you have at least one booster vaccination in addition to your basic immunization, you will meet our current travel requirements, regardless of the date of the booster vaccination.
OR
- **Recovered from COVID-19:** Passengers who have an at least 11 day, max. 180 days old positive PCR-RT test will meet our current travel requirement.

Beginning March 1, 2023, while we recommend vaccination, we will no longer require it for cruising with the AMADEUS fleet.

First Name & Last Name:			
Embarkation: (DD/MM/YY)			
Cabin Nr.:			
Vessel:			

Symptoms	YES	NO
Have you been diagnosed with COVID-19 infection in the last 14 days	<input type="radio"/>	<input type="radio"/>
Within the past 14 days, 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, pain or loss of taste and smell?	<input type="radio"/>	<input type="radio"/>
Within the past 14 days, 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.

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 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 / Lüftner 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 / Lüftner Cruises staff and crew, service providers and other passengers.

I agree to hold AMADEUS / Lüftner 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