



DATE .....

**COVID-19 EPIDEMIOLOGICAL SURVEY**

The questionnaire is completed by the participant of the voyage on SY GEDANIA, voyage no ...../.....

Last Name ..... First Name ..... Date of birth .....

/fill in capital letters/

The questionnaire is completed in order to check whether your stay on the ship does not pose a threat to your safety and the safety of other participants of the voyage.

1. Do you have symptoms of an infectious disease such as runny nose, cough, fever, difficulty breathing or chest pain?  
YES  NO  \*)
2. Are you in the process of mandatory isolation or quarantine?  
YES  NO  \*)
3. In the last 14 days, have you had contact with a person suspected of infection, illness or isolation ?  
YES  NO  \*)
4. Body temperature at the time of embarkation: .....

Date and signature of the participant .....

**ATTENTION:**

1. The survey is kept by the captain of the yacht for 30 days from the date of completion. After this time, the questionnaire should be destroyed in a permanent way that makes it impossible to read the information contained therein.
2. The questionnaire may be made available to the relevant services in order to counteract the spread of the COVID-19 epidemic only if the virus is found on board the yacht or in one of the participants.

\*) – mark the correct one