

PRE-CRUISE HEALTH QUESTIONNAIRE

As part of our **Cruise Well Program** the wellbeing of our guests and crew are of paramount importance to us. The information you provide will be used by our team to determine if you can board PS Emmylou for your cruise.

EACH PASSENGER IS REQUIRED TO COMPLETE THEIR OWN FORM AT CRUISE CHECK-IN

BOOKING REFERENCE NUMBER _____ DEPARTURE DATE _____

FIRST NAME _____ LAST NAME _____

1. ARE YOU DIAGNOSED OR SUSPECTED TO HAVE COVID-19 INFECTION?

YES NO

2. HAVE YOU BEEN IN CONTACT WITH SOMEONE DIAGNOSED WITH COVID-19 IN THE PAST 14 DAYS?

YES NO

3. HAVE YOU BEEN TESTED FOR COVID-19 IN THE PAST 14 DAYS AND ARE YET TO RECEIVE A DIAGNOSIS?

YES NO

4. DO YOU CURRENTLY, OR HAVE YOU RECENTLY, FELT UNWELL WITH ANY OF THE FOLLOWING SYMPTOMS? (SELECT ALL THAT APPLY)

Feverish, Fatigued or aching

Shortness of breath

Cold or Flu like symptoms such as a runny nose, cough or sore throat

None of the above

5. IF YOU BECOME SYMPTOMATIC WHILE ABOARD PS EMMYLOU YOU WILL BE TRANSFERRED ASHORE FOR FURTHER MEDICAL EVALUATION, TESTING AND TREATMENT IF NECESSARY. YOU WILL NOT BE PERMITTED TO RE BOARD UNLESS YOUR RETURN IS APPROVED BY A MEDICAL PROFESSIONAL.

If you have answered **YES** to any question from 1 – 4 you will not be permitted to cruise. Any passenger that is denied travel with us due to the above will be permitted to defer their travel to another cruise departure date without charge. Guests may also elect to receive a credit of the amount paid to be put towards a different cruise with the company at a future date within 12 months of the initial departure date. The company will require a letter from a medical practitioner prior to a rebooking being made. Any price difference must be paid at the time of rebooking.

PASSENGER DECLARATION

I declare that the information provided above is complete and accurate. I authorise Murray River Paddlesteamers (MRPS) to release this information as required.

I consent to my temperature being taken before and during my cruise.

I acknowledge that MRPS reserves the right to refuse travel, notwithstanding completion of this form, if MRPS considers that it's not in my best interest or the interest of MRPS for me to cruise.

Agree (Tick Box)

PASSENGER NAME _____

PASSENGER SIGNATURE _____ DATE _____