

## GUEST HEALTH QUESTIONNAIRE

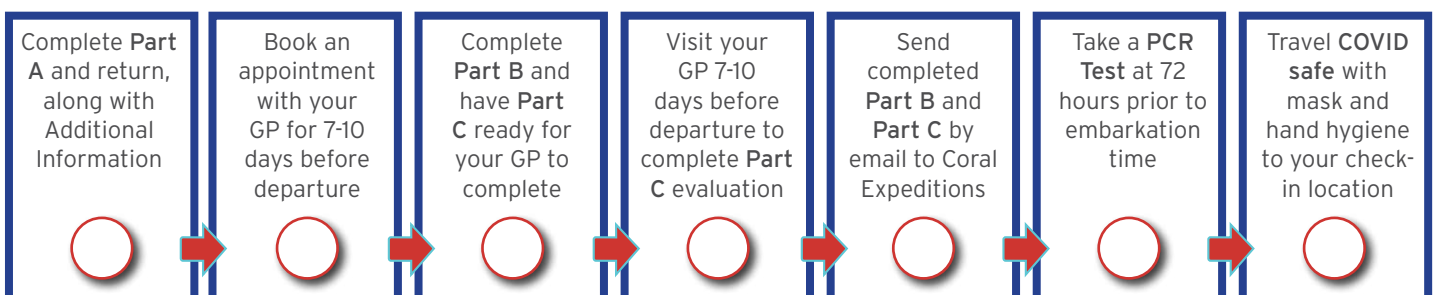
This health questionnaire forms an important part of our **SailSAFE plan**, which aims to target a 100% COVID free environment, and a safe and enjoyable expedition, for all onboard. This questionnaire will accompany two tiers of our **three-tiered** medical screening protocol, ensuring clarity and accuracy in testing, and peace of mind for our guests and crew. The questionnaire will be completed in your presence and the details it contains will be kept confidential.

Each Passenger must complete a separate form. If you are travelling with children, please list their names on your form, as well as completing individual forms for each child.

- +** **Level One Health Screening (Part A): Passenger Health Questionnaire** - please complete along with additional information requirements at 90-120 days from departure.
  - Return Part A by itself to [sailsafe@coralexpeditions.com](mailto:sailsafe@coralexpeditions.com)
- +** **Level One Health Screening (Part B): Passenger Health: COVID-19 Exposure** please complete prior to seeing your GP 7-10 days before boarding.
  - Complete either a digital form or a printed version.
- +** **Level One Health Screening (Part C): GP Assessment** to be completed by your local GP in your presence 7-10 days prior to boarding.
  - Bring Part C to your GP as a printed form or digital version.
  - When completed, return Part B & Part C to our team at [sailsafe@coralexpeditions.com](mailto:sailsafe@coralexpeditions.com) no later than 7 days prior to boarding.
- +** **Level Two Health Screening: Pre-Travel PCR Test** to be taken by you at your own expense at 72 hours prior to embarkation time. We have partnered with Sullivan Nicolaides Pathology / Sonic Healthcare to provide this test. You will receive information on the location closest to you as well as a Sonic Healthcare request form.
  - If receiving your test through on of our partner pathologies, your results will be sent directly and confidentially to Coral Expeditions medical team.
- +** **Level Two Health Screening: Pre-Boarding Review** completed by a Coral Expeditions' medical screening team at check in. If you received your PCR test from a pathology of your own choosing, you must provide proof of a negative test result at check in.

Completing and signing this form is an official statement, and requires declaration of any medical issues that could expose you or your fellow passengers to danger during the expedition. Any false information given could result in being denied permission to board. Signing this form authorises Coral Expeditions medical personnel to discuss your state of health with your GP, if required.

### YOUR CHECKLIST *Tick when completed*



*All medical information provided herein is held in confidence and will only be shared with authorised personnel*

## + LEVEL ONE

### PART A: PASSENGER HEALTH: GENERAL

(Each Passenger completes a form. Return to [sailsafe@coralexpeditions.com](mailto:sailsafe@coralexpeditions.com) with Additional Information)

#### PASSENGER DETAILS

Full Name (As in Passport) \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age at time of Cruise \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Date of Travel \_\_\_\_\_ Destination / Cruise \_\_\_\_\_

If accompanied by children (under the age of 18), please list names & ages

\_\_\_\_\_

All children will also complete an individual SailSAFE Health Questionnaire

#### PRE-EXISTING MEDICAL CONDITIONS

(please tick all that apply)

None

Cardiac Disease

Chronic lung disease

Diabetes

Haemoglobinopathies

Immunosuppressive conditions

Metabolic disease

Neurological disease

Renal disease

Other (please state)

#### MEDICAL HISTORY

(please tick all that apply)

High Blood Pressure

Coronary Artery Disease

Blood or clotting disorder

High cholesterol

Other heart condition

Stroke

Hip fracture

Diabetes

Breast cancer

Bowel cancer

#### MEDICATIONS

(please tick all that apply)

High Blood Pressure

Diabetes

High cholesterol

Epilepsy

Heart condition

Depression, anxiety etc

Blood thinning

Bowel disorder

Other (please state)

#### OTHER RISK FACTORS

Pregnancy: Yes / No (if yes, how many weeks gestation?) \_\_\_\_\_

Current Smoker: Yes / No (if yes, how many per day?) \_\_\_\_\_

Alcohol consumption: Yes / No (if yes, standard drinks per week?) \_\_\_\_\_

Notes \_\_\_\_\_

#### CERTIFICATION BY GUEST

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

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## + LEVEL ONE

### PART B: PASSENGER HEALTH - COVID-19 EXPOSURE

(Each Passenger completes a form. Return to [sailsafe@coralexpeditions.com](mailto:sailsafe@coralexpeditions.com) together with Part C at least 7 days prior to departure)

#### PASSENGER DETAILS

Full Name (As in Passport) \_\_\_\_\_ Phone \_\_\_\_\_

Date of Travel \_\_\_\_\_ Destination / Cruise \_\_\_\_\_

1. Have you been tested for COVID-19 and are waiting to receive test results? Y / N
2. Have you tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms? Y / N
3. Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms?
 

• Fever (37.8°C or greater)	Y / N	• Chills	Y / N
• Sinus pain	Y / N	• Fatigue	Y / N
• Cough and/or phlegm production	Y / N	• Sore throat	Y / N
• Altered sense of smell	Y / N	• Headache	Y / N
• Stuffy nose	Y / N	• Difficulty breathing	Y / N
• New joint or muscle pain	Y / N	• Diarrhea or vomiting	Y / N

4. In the past 14 days, have you been to in close proximity to:
  - a Anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since their contact? Y / N
  - b Anyone who has tested positive for COVID-19? Y / N
  - c Anyone who has been on a commercial flight or travelled outside of Australia? Y / N  
*If yes, where did they travel to / from (if known)*
5. In the past 14 days, have you been:
  - a On a commercial flight or travelled outside of Australia? Y / N  
*If yes, where did they travel to / from?*
  - b To an area of Australia with active COVID-19 community transmission? Y / N
6. Do you feel that you are at higher risk of contracting or developing complications due to COVID-19 by being a passenger on a cruise. *(If yes, please provide a brief explanation)* Y / N

#### CERTIFICATION BY GUEST

I hereby certify that the responses provided above are true and accurate to the best of my knowledge, and that I have not left out any detail that could expose myself, or fellow passengers, to danger during my cruise.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

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## **+ LEVEL ONE**

### **PART C: GP ASSESSMENT**

*(To be completed by consulting GP for each Passenger no more than 7-10 days prior to departure.  
Return to [sailsafe@coralexpeditions.com](mailto:sailsafe@coralexpeditions.com) at least 6 days prior to departure)*

The information provided in this assessment will be reviewed by the Coral Expeditions medical team prior to the embarkation of expedition cruise passengers. Expedition cruising takes place in remote areas away from medical infrastructure. There will be a medic or doctor on board, but medical treatment is not comparable to that offered at a shore-based facility. These cruises are designed for people in good health. No more than 72 hours prior to their cruise embarkation time, the patient must also take an asymptomatic COVID PCR test, as a negative result is required for boarding.

#### **CONSULTING GP DETAILS**

Doctor's Name \_\_\_\_\_ Consultation Date \_\_\_\_\_

Practice Name \_\_\_\_\_ Phone Number \_\_\_\_\_

#### **PASSENGER DETAILS**

Full Name (As in Passport) \_\_\_\_\_ Phone \_\_\_\_\_

Date of Travel \_\_\_\_\_ Destination / Cruise \_\_\_\_\_

Record patient's temperature  Patient's cruise departure date \_\_\_\_\_

*Please ask the patient the following questions and record the answers as indicated*

1. Have they been tested for COVID-19 and are waiting to receive test results? Y / N
2. Have they tested positive for COVID-19, or are they presumptively positive for COVID-19 based on a health care provider's assessment or symptoms? Y / N
3. Are they currently experiencing, or have they experienced in the past 14 days, any of the following symptoms?
 

• Fever (37.8°C or greater)	Y / N	• Chills	Y / N
• Sinus pain	Y / N	• Fatigue	Y / N
• Cough and/or phlegm production	Y / N	• Sore throat	Y / N
• Altered sense of smell	Y / N	• Headache	Y / N
• Stuffy nose	Y / N	• Difficulty breathing	Y / N
• New joint or muscle pain	Y / N	• Diarrhea or vomiting	Y / N

If yes to any of the above symptoms, please provide more detail:

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## **+ LEVEL ONE**

### **PART C: GP ASSESSMENT continued**

*(To be completed by consulting GP for each Passenger no more than 7-10 days prior to departure.  
Return to [sailsafe@coralexpeditions.com](mailto:sailsafe@coralexpeditions.com) at least 6 days prior to departure)*

4. In the past 14 days, have they been to in close proximity to:
- a Anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since their contact? Y / N
  - b Anyone who has tested positive for COVID-19? Y / N
  - c Anyone who has been on a commercial flight or travelled outside of Australia? Y / N  
*If yes, where did they travel to / from (if known) \_\_\_\_\_*
5. In the past 14 days, have they been:
- a On a commercial flight or travelled outside of Australia? Y / N  
*If yes, where did they travel to / from? \_\_\_\_\_*
  - b To an area of Australia with active COVID-19 community transmission? Y / N
6. Do you feel the patient is at higher risk of contracting or developing complications due to COVID-19 by being a passenger on a cruise. *(If yes, please provide a brief explanation)* Y / N
- \_\_\_\_\_

#### **PCR TEST ADVICE**

*Please remind the patient of the COVID-19 PCR test requirement, and answer any questions they may have. Coral Expeditions has partnered with Sullivan Nicolaides / Sonic Healthcare to provide this test, and the patient will be provided with information on the closest pathology to their location.*

- Patient is aware of PCR test requirement Y / N
- Patient is aware of where this test can be obtained Y / N
- Patient is aware that test must be taken 72 hours prior to embarkation time Y / N
- Patient is aware that proof of a negative result must be provided for boarding Y / N

#### **Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **CERTIFICATION BY CONSULTING GP**

*I hereby certify that, to the best of my knowledge based on the above, the passenger is:*

**Safe for General Travel**

**Some concerns: Refer to Ship's Doctor**

**Signature** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date** \_\_\_\_\_

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## **+ LEVEL TWO**

### **PRE-BOARDING REVIEW**

(to be completed by Coral Expeditions medical staff at check-in)

#### **CONSULTING MEDIC DETAILS**

Medic Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

#### **PASSENGER DETAILS**

Full Name (As in Passport) \_\_\_\_\_ Date of Travel \_\_\_\_\_

Passenger's temperature

Please ask the Passenger the following questions and record the answers as indicated

1. Have they been self-isolating for the past 7 days Y / N
  
2. Are they currently experiencing, or have they experienced in the past 14 days, any of the following symptoms?
 

• Fever (37.8°C or greater)	Y / N	• Chills	Y / N
• Sinus pain	Y / N	• Fatigue	Y / N
• Cough and/or phlegm production	Y / N	• Sore throat	Y / N
• Altered sense of smell	Y / N	• Headache	Y / N
• Stuffy nose	Y / N	• Difficulty breathing	Y / N
• New joint or muscle pain	Y / N	• Diarrhea or vomiting	Y / N
  
4. In the past 7 days, have they been to in close proximity to:
  - a Anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since their contact? Y / N
  - b Anyone who has tested positive for COVID-19 or awaiting a test result? Y / N
  - c Anyone who has been on a commercial flight or travelled outside of Australia? Y / N  
If yes, where did they travel to / from (if known) \_\_\_\_\_

#### **PCR TEST REVIEW**

(Consulting Medic to view Passenger's negative PCR test results)

Location test taken \_\_\_\_\_ Date of Test \_\_\_\_\_

#### **RESULT**

Negative Result Viewed

Negative Result Not Viewed

If negative result is viewed and Passenger displays no symptoms, Passenger is cleared to travel.  
If no test results are provided, please advise Duty Manager and Master of the vessel immediately.

**Passenger is cleared to travel by:**

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

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