

## FLU AND RESPIRATORY QUESTIONNAIRE

Must be completed by ALL guests boarding the vessel.

Voyage Date _____	Stateroom Number _____
Vessel <input type="radio"/> American Queen®	<input type="radio"/> American Duchess™
<input type="radio"/> American Countess™	<input type="radio"/> American Empress®
Name _____	
Mobile Phone Number _____	

- 1. Within the last 21 days**, have you exhibited any symptoms of **acute respiratory illness**? Such symptoms include but are not limited to fever; cough; shortness of breath; red, watery eyes; sore throat; and difficulty breathing.  
 NO  YES \_\_\_\_\_  
*If yes, please list the symptoms and when experienced.*
- 2. Within the last 14 days**, have you had close contact with or helped care for anyone who has exhibited the symptoms of an **acute respiratory illness** listed above?  
 NO  YES \_\_\_\_\_  
*If yes, who, where and when?*
- 3. Within the last 14 days**, have you had close contact with or helped care for anyone suspected of or diagnosed with coronavirus (2019-nCoV) or is currently subject to **health monitoring** for possible exposure to 2019-nCoV?  
 NO  YES \_\_\_\_\_  
*If yes, who, where and when?*
- 4. If you become symptomatic** while on board our vessel, you will be promptly transferred ashore for further medical evaluation, testing and treatment if necessary. You will not be allowed back on board unless your return is approved by a medical professional.

I certify that the above declaration is true and correct.

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