

TO ALL TRAVELERS WITH MS NORRØNA



Mandatory questionnaire for all guests traveling with MS Norrøna.

Do you potentially belong to the COVID-19 (coronavirus) risk group?
Please answer each of the following questions with Yes or No.

- | | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| 1. Within the last 14 days, have you had contact with any person who has been tested positive for an infection with the COVID-19/coronavirus? | <input type="radio"/> | <input type="radio"/> |
| 2. Have you had any symptoms of illness (such as cough, sniffles, sore throat or fever) in relation to the above questions? | <input type="radio"/> | <input type="radio"/> |

Please complete the following information in block letters:

Last name: _____

First name: _____

Address / Street: _____

Postcode / ZIP: _____

City/Country: _____

Phone number: _____

Booking number: _____

Date, Place: _____ Signature: _____

I hereby confirm that I have read and understood the above questions and have answered them truthfully.

IMPORTANT:

Bring this filled-in and signed document in print to the Check in.

If you have answered any of the above questions with a "YES" or have not completed the questionnaire, you will not be allowed to travel with MS Norrøna.