

Health information for your cruise

Dear Sir and Madam,

You have certainly followed the reports on the respiratory virus outbreak in China, corona virus (SARS-CoV-2). At the moment the spread is concentrated in the Chinese province of Hubei, with the metropolis of Wuhan. However, modern trade and travel routes allow the virus to spread globally. According to the German Robert Koch Institute, there is a low risk of infection in Germany. People affected in this country have either stayed in Chinese territory or had close contact with people who are already infected.

For A-ROSA, the **well-being and safety of all guests and crew members** have top priority. Your satisfaction and your health is very important to us.

We are therefore continuously monitoring current developments and are in frequent contact with the local authorities. A-ROSA is committed to the highest standards of hygiene, even exceeding them and trains all crew members regularly.

All crew members undergo an extensive health check in their home country before they are boarded, which has been further intensified in the course of the spread of the corona virus. Only with the resulting current health certificate they are allowed to work on board the A-ROSA ships.

<u>Information for your A-ROSA Cruise:</u>

As some member lines of the Cruise Lines International Association (CLIA) have also, A-ROSA does not allow **persons on board** who have been in China, South Korea, Hong Kong, Macau, Taiwan, Iran or the Italian regions of Lombardy, Veneto, Piemont and Emilia Romagna within 30 days of their cruise. In addition, no Chinese citizens will be working on board the A-ROSA ships during the entire 2020 season.

On the **following page** you will find a **health questionnaire**, which you are kindly requested to fill in and sign when you arrive or check in. Please note that your access to the ship and your cruise can be denied without completing the questionnaire.

We are sure that you will have a wonderful holiday on our A-ROSA ship. We are looking forward to welcoming you on board.

With kind regards, Your A-ROSA Team

Form validated:			
First and last name			

For official use only



TRAVELERS HEALTH QUESTIONNAIRE This health questionnaire must be filled out and signed by everybody age of 18 (one form per person) before boarding or visiting the ship. First and last name Cabin number Date gidS Harbour First and last name of all children travelling with you under the age of 18 First and last name of all children travelling with you under the age of 18 Please help us to ensure the health and safety of all guests and crew members on board by truthfully answering the following questions: Have you or any of the persons listed above travelled to China, South Korea, Hong ΝО □ Kong, Macau, Singapore, Taiwan, Iran or the Italian regions of Lombardy, Veneto, Piemont and Emilia Romagna in the past 30 days, including transiting through an YES airport in these locations? In the past 30 day, have you or any of the persons listed above had contact with ΝО □ individuals suspected or diagnosed of being infected with the coronavirus? YES 🗌 In case you answered "YES" to any of the questions above, please also answer the following question: In the past 30 days, have you or any of the persons listed above suffered from fever ΝО □ (≥37,8°C / 100,4°F) or symptoms such as coughing and/or breathing difficulties? YES \square All persons who have stayed in China, South Korea, Hong Kong, Macau, Singapore, Taiwan, Iran or the Italian regions of Lombardy, Veneto, Piemont and Emilia Romagna within 30 days of their departure are not allowed to This questionnaire may be reported to the relevant public health authorities. Data protection notice: The measure is of course carried out in compliance with data protection. Your personal data will only be used with statutory regulations. The complete data protection declaration as well as the travel terms and conditions can be found on www.arosa-cruises.com/river-cruises/company/data-protection-information. Information on your health condition will be used for the following purposes: To ensure health and safety protection as well as for your required medical care; 1. To satisfy legal obligations, regulations, national and European laws as well as for reasons arising from orders 2. of authorities having respective force of law. I hereby confirm that the information provided above is true and correct. I am aware that providing false information can have a significant impact on the public health situation and medical care. False information can also lead to civil and criminal consequences and penalties. Date Signature