

Asymptomatic
No other Countries ID

368

Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult

Date: 5/3/20 Ship: Ruby Princess
 Port: SYDNEY Guest Cabin: 301
 Name: NA COOPER Crew ID: _____

Names of any children under the age of 18 traveling with you.
 1. _____ 3. _____
 2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions:

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ No

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ No

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐ ☒ YES ☐ No
If YES then please check all that apply

(1 hour)

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ No

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.

Email: _____ Home Ph./Mobile: _____
 Signature: _____

For Official Use Only: Form Validated: ☐ Initials: _____

HEA/01/2020 Rev4
 2020-2-V6 (Guest/Crew - CoV AUS)

C. Rosman
RN

OK to board
8-MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8 MAR. 2020

Patient Last Name, First Name: Cooper Tina

Patient DOB (DD/MMM/YYYY): _____

Country of Residence: _____

Crew ID / Guest Cabin Number: D301

SeaCare ID: _____

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills ☐ Cough ☐ Shortness of breath ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China? • Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill? If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
3. Have a history of being in a health care facility in China? If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	
4. Visit any live animal markets? If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms? If Yes, please give details:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Not clinically assessed
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Medical Staff Name: <u>C. Bosman</u>	Rank: <u>RN</u>
Date of Assessment: <u>8-MAR-2020</u>	Signature: <u>[Signature]</u>

Asymptomatic
No other countries ID

372

Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult

Date: 8/3/20 Ship: Ruby Princess
 Port: 157 DNE4 Guest Cabin: D 301
 Name: Zach Cooper Crew ID: _____

Names of any children under the age of 18 traveling with you.
 1. _____ 3. _____
 2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ No

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ No

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐ ☒ YES ☐ No
If YES then please check all that apply

(1 hour)

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above.

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ No

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and willfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide will be treated in accordance with our Privacy Policy.

Emergency: _____ Home Ph./Mobile: _____
 Signature: _____

For Official Use Only: Form Validated: ☐ Initials: _____

HEA/01/2020 Rev4
2020-2: V6 (Guest/Crew - CoV AUS)

C. Besman
RN

Beaumont

On Board
8 MAR 2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8 - MAR - 2020

Patient Last Name, First Name: Cooper, Roger

Patient DOB (DD/MMM/YYYY): _____

Country of Residence: _____

Crew ID / Guest Cabin Number: D 301

SeaCare ID: _____

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills ☐ Cough ☐ Shortness of breath ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China? • Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill? If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
3. Have a history of being in a health care facility in China? If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
4. Visit any live animal markets? If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms? If Yes, please give details: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Not clinically assessed
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Medical Staff Name: <u>C. Bosman</u>	Rank: <u>RN</u>
Date of Assessment: <u>8 mar-2020</u>	Signature: <u>[Signature]</u>

No other country's ID *36*

Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult

Date: 08/03/2020 Ship: Ruby Princess
 Port: Sydney Guest Cabin: 522
 Name: Coral Grace Smith

Names of any children under the age of 18 traveling with you.
 1. _____ 3. _____
 2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions:

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ No

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ No

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐
from Hertzburg through Singapore *40 months that apply*

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above:

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ No

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.
 I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.

Email: _____ Home Ph./Mobile: _____
 Signature: _____

For Official Use Only: Form Validated: ☐ Initials: _____

HEA/01/2020 Rev4
 2020-2: V6 (Guest/Crew - CoV AUS)

C. Bosman RN *8 MAR 20* *OK TO Board*

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-MAR-2020

Patient Last Name, First Name: Smith Carol

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: D522

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China? • Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill? If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
3. Have a history of being in a health care facility in China? If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
4. Visit any live animal markets? If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms? If Yes, please give details:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Not clinically assessed
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Medical Staff Name: C. Bosman

Rank: RN

Date of Assessment: 8-MAR-2020

Signature: [Signature]

No other Country's ID

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Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult

Date: 08 MAR. 2020 Ship: Ruby Princess
 Port: SYDNEY Guest Cabin: D329
 Name: M.A. MORRIS Crew ID: _____

Names of any children under the age of 18 traveling with you.

1. _____ 3. _____
 2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ NO

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ NO

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐ ☒ YES ☐ NO
If YES then please check all that apply

I have 40 min - Singapore transit

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ NO

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and willfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.

Email: _____ Home Pk/Mobile: _____
 Signature: _____

For Official Use Only: Form Validated: ☐ Initials: _____

HEA/01/2020 Rev4
 2020-2: V0 (Guest/Crew - CoV AUS)

C. Rosman

Rd

Rosman

OK To Board

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8 MAR. 2020

Patient Last Name, First Name: McElis M.A.

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: D529

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China? • Does the patient live in Wuhan City? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill? If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
3. Have a history of being in a health care facility in China? If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
4. Visit any live animal markets? If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms? If Yes, please give details:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Not clinically assessed
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Medical Staff Name: C. Bosman

Rank: RN

Date of Assessment: 8 MAR 2020

Signature: [Signature]

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*no symptomatic
no other country's ZP*

Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult.

Date: 8/3/20 Ship: Ruby Princess
 Port: SYDNEY Guest Cabin: D 607
 Name: Veronica Jacques Crew ID: _____

Names of any children under the age of 18 traveling with you.
 1. _____ 3. _____
 2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions:

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ No

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ No

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐
transit 1 1/2 hours Singapore

☒ YES ☐ No
If YES then please check all that apply

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above.

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ No

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.
 I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.

Email: _____ Home Ph./Mobile: _____
 Signature: _____

For Official Use Only: Form Validated: ☐ Initials: _____

HEA/01/2020 Rev4
 2020-2: V6 (Guest/Crew - CoV AUS)

*C. Beaman
 RO*

OK To Board

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8. MAR-2020

Patient Last Name, First Name: Jacques Veronica

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: D607

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China? • Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill? If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
3. Have a history of being in a health care facility in China? If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
4. Visit any live animal markets? If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown

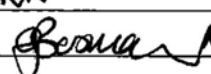
For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms? If Yes, please give details:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Not clinically assessed
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Medical Staff Name: C. Bosman

Rank: RN

Date of Assessment: 8-MAR-2020

Signature: 

no other country's IP 37

Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult

Date: 2-3-20 Ship: Ruby Princess
 Port: SYDNEY Guest Cabin: D607
 Name: ALLAN FACQUEL Crew ID: _____

Names of any children under the age of 18 traveling with you.
 1. _____ 3. _____
 2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ NO

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ NO

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)? ☒ YES ☐ No
If YES then please check all that apply
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐
TRANSIT
11/2 Singapore

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above.

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ NO

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.

Email: _____ Home Ph./Mobile: _____
 Signature: _____

For Official Use Only: Form Validated: ☐ Initials: _____

HEA/01/2020 Rev4
2020-2: V6 (Guest/Crew - CoV AUS)

C. Besman
 D. RN
 8 MAR 2020
 OK to Release

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date:

8. MAR - 2020

Patient Last Name, First Name:

Jacques Allen

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number:

D607

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China? • Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill? If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
3. Have a history of being in a health care facility in China? If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____		
4. Visit any live animal markets? If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms? If Yes, please give details:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Not clinically assessed
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Medical Staff Name:

C. Bosman

Rank:

RN

Date of Assessment:

8-MAR-2020

Signature:

C. Bosman

via princess
No other country's 2D

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Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult

Date: 8/3/20 Ship: Ruby Princess
 Port: Singapore Guest Cabin: D603
 Name: Adley Pingle Crew ID: _____

Names of any children under the age of 18 traveling with you.

1. _____ 3. _____
 2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ No

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ No

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)? ☒ YES ☐ No
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐
transit Singapore 1 hour
 If YES then please check all that apply

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ No

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.

Email: _____ Home Ph / Mobile: _____
 Signature: _____
 For Official Use Only: _____ Initials: _____

HEA/01/2020 Rev4
 2020-2: V6 (Guest/Crew -CoV AUS)

C-Bosman
PO

Adley Pingle

OK TO Board

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-MAR-2020

Patient Last Name, First Name: Pingle Ashley

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: D603

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China? • Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill? If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
3. Have a history of being in a health care facility in China? If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____		
4. Visit any live animal markets? If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms? If Yes, please give details:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Not clinically assessed
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Medical Staff Name: C. Bosman

Rank: RN

Date of Assessment: 8-MAR-2020

Signature: [Signature]

no other country's ID 365

Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per person

Date: 8.3.20 Ship: Ruby Princess
 Port: SYDNEY Guest Cabin: 6218
 Name: TREVOR TAYLOR Crew ID: _____

Names of any children under the age of 18 traveling with you.

1. _____ 3. _____
 2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ No

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ No

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)? ☒ YES ☐ No
If YES then please check all that apply
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐
2 1/2 hours transit Singapore

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above.

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ No

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.

Email: _____ Home Ph./Mobile: _____
 Signature: _____

For Official Use Only. Form Validated: ☐ Initials: _____

HEA/01/2020 Rev4
2020-2: V6 (Guest/Crew - CoV AUS)

*A. Rosman 8 MAR 20
 OK to Board*

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date:

8-MAR-2020

Patient Last Name, First Name:

Taylor Trevor

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number:

C 218

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China? • Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill? If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
3. Have a history of being in a health care facility in China? If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
4. Visit any live animal markets? If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms? If Yes, please give details:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Not clinically assessed
---	--

Medical Staff Name:

C. Bosman

Rank:

RN

Date of Assessment:

8-mar-2020

Signature:

Bosman

Asymptomatic
No other countries IP

369

Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult

Date: 8/3/20 Ship: Ruby Princess
 Port: Sydney Guest Cabin: E116
 Name: Darren Wright Crew ID: _____

Names of any children under the age of 18 traveling with you.
 1. Sophie Wright 3. _____
 2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions:

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ No

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ No

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?
 Italy ☐ Japan ☐ Singapore ☐ Taiwan ☐ Thailand ☐
☒ YES ☐ No
If YES then please check all that apply

(1 hour)

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ No

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.

Email: _____ Home Ph./Mobile: _____
 Signature: _____

For Official Use Only: Form Validated: ☐ Initials: _____

HEA/01/2020 Rev4
2020-2-V6 (Guest/Crew - CoV AUS)

C. Bosman OK to board
 RN Pearson 8 MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8 MAR 2020

Patient Last Name, First Name: Knight Darren

Patient DOB (DD/MMM/YYYY): _____

Country of Residence: _____

Crew ID / Guest Cabin Number: E 116

SeaCare ID: _____

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills ☐ Cough ☐ Shortness of breath ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
<ul style="list-style-type: none"> Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown Date entered Wuhan City _____ Date departed Wuhan City _____ 	
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	
3. Have a history of being in a health care facility in China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	
4. Visit any live animal markets?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name: C. Bosman Rank: RN

Date of Assessment: 8-MAR-2020 Signature: [Signature]

asymptomatic
No other country's ID

369

Traveller's Health Declaration - AUSTRALIA	
<small>Must be completed prior to boarding by ALL persons age 18 and above, one form per adult</small>	
Date: <u>8-3-20</u>	Ship: <u>Ruby Princess</u>
Port: <u>SYDNEY</u>	Guest Cabin: <u>750</u>
Name: <u>JEAN DAKIN</u>	Crew ID: _____
Names of any children under the age of 18 traveling with you.	
1. _____	3. _____
2. _____	4. _____
<small>To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.</small>	
SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:	
1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No <small>If YES then please check all that apply</small>
Italy <input type="checkbox"/> Japan <input type="checkbox"/> Singapore <input checked="" type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/>	
<u>transit to me 1 hour Singapore</u>	
ONLY PROCEED TO SECTION B, if you answer "YES" to any question above	
SECTION B	
4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.	
I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.	
Email: _____	Home Ph./Mobile: _____
Signature: _____	
For Official Use Only: Form Validated: <input type="checkbox"/> In/Outs: _____	HEA/01/2020 Rev4 2020-2: V6 (Guest/Crew - CoV AUS)

C. BOONAN BOONAN 8 MAR 2020
RJ OK TO BOARD

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8 MAR 2020

Patient Last Name, First Name:

Darin, Jean

Patient DOB (DD/MMM/YYY):

Country of Residence:

Crew ID / Guest Cabin Number:

R750

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
• Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown		
• Date entered Wuhan City _____		
• Date departed Wuhan City _____		
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:		
3. Have a history of being in a health care facility in China?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker		
<input type="checkbox"/> Visitor <input type="checkbox"/> Other _____		
4. Visit any live animal markets?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____		

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name:

C. Bosman

Rank:

DN

Date of Assessment:

8 MAR 2020

Signature:

Bosman

comptentato
No other country's ID

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Traveller's Health Declaration - AUSTRALIA	
<small>Must be completed prior to boarding by ALL persons age 18 and above, one form per adult</small>	
Date: <u>8.3.20</u>	Ship: <u>Ruby Princess</u>
Port: <u>SYDNEY</u>	Guest Cabin: <u>R750</u>
Name: <u>PAUL DAKIN</u>	Crew ID: _____
Names of any children under the age of 18 traveling with you.	
1. _____	3. _____
2. _____	4. _____
<small>To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.</small>	
SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:	
1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No <small>If YES then please check all that apply</small>
Italy <input type="checkbox"/> Japan <input type="checkbox"/> Singapore <input checked="" type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/>	
<i>transit 1 hour Singapore</i>	
ONLY PROCEED TO SECTION B, if you answer "YES" to any question above	
SECTION B	
4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and willfully makes a false, fictitious or fraudulent statement or representation.	
I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.	
Email: _____	Home Ph./Mobile: _____
Signature: _____	
For Official Use Only: Form Validated: <input type="checkbox"/> Initials: _____	
HEA/01/2020 Rev4 2020-2: V6 (Guest/Crew - CoV AUS)	

C. Beaman

RN

Beaman

8 MAR 2020
OK to board

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date:

8 MAR - 2020

Patient Last Name, First Name:

Dakin, Paul

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number:

E750

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
• Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____	
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	
3. Have a history of being in a health care facility in China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	
4. Visit any live animal markets?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name:

C. Bosman

Rank:

EN

Date of Assessment:

8 MAR - 2020

Signature:

Bosman

... international
No other countries to

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Traveller's Health Declaration - AUSTRALIA	
<small>Must be completed prior to boarding by ALL persons age 12 and above, one form per adult</small>	
Date: <u>8/3/2020</u>	Ship: <u>Ruby Princess</u>
Port: <u>SYDNEY</u>	Guest Cabin: <u>E410</u>
Name: <u>R. COLE</u>	Crew ID: _____
Names of any children under the age of 18 traveling with you.	
1. _____	3. _____
2. _____	4. _____
<small>To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.</small>	
SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:	
1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No
Italy <input type="checkbox"/> Japan <input type="checkbox"/> Singapore <input checked="" type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/>	<small>If YES then please check all that apply</small>
(3 1/2 hours)	
ONLY PROCEED TO SECTION B, if you answer "YES" to any question above.	
SECTION B	
4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
<p>Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.</p> <p>I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.</p>	
Email: _____	Home Ph./Mobile: _____
Signature: _____	
For Official Use Only: Form Validated: <input type="checkbox"/> Initials: _____	HEA/01/2020 Rev4 2020-2: V6 (Guest/Crew - CoV AUS)

C. Besman OK to Board
RW Beauport 8-MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date:

8 MAR 2020

Patient Last Name, First Name:

Cole R

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number:

E440

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
• Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____		
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:		
3. Have a history of being in a health care facility in China?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____		
4. Visit any live animal markets?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____		

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name:

C. Berman

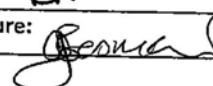
Rank:

En

Date of Assessment:

8 MAR 2020

Signature:



A-symptomatic
No other countries ID.

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Traveller's Health Declaration - AUSTRALIA	
<small>Must be completed prior to boarding by ALL persons age 18 and above, one form per adult</small>	
Date: <u>8/3/2020</u>	Ship: <u>Ruby Princess</u>
Port: <u>SYDNEY</u>	Guest Cabin: <u>E410</u>
Name: <u>DAVID COLE</u>	Crew ID: _____
Names of any children under the age of 18 traveling with you.	
1. _____	3. _____
2. _____	4. _____
<small>To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions:</small>	
SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:	
1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No
Italy <input type="checkbox"/> Japan <input type="checkbox"/> Singapore <input checked="" type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/>	<small>If YES then please check all that apply</small>
(3 1/2 hours)	
ONLY PROCEED TO SECTION B, if you answer "YES" to any question above.	
SECTION B	
4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
<p>Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.</p> <p>I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.</p>	
Email: _____	Home Ph./Mobile: _____
Signature: _____	
For Official Use Only: Form Validated: <input type="checkbox"/> Initials: _____	HEA/01/2020 Rev4 2020-2: V6 (Guest/Crew - CoV AUS)

C. Bosman
RN

OK to Board
Beauant 8-MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8 Mar - 2020

Patient Last Name, First Name: DOWIS, Cole

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: E410

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
<ul style="list-style-type: none"> Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown Date entered Wuhan City _____ Date departed Wuhan City _____ 	
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	
3. Have a history of being in a health care facility in China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	
4. Visit any live animal markets?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name: C. Bosman

Rank: EN

Date of Assessment: 8 - Mar - 2020

Signature: [Signature]

7 - symptoms
No other countries ID

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Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult

Date: 4/03/20 Ship: Ruby Princess
 Port: Sydney Guest Cabin: 3251
 Name: D. Farant Crew ID: _____

Names of any children under the age of 18 traveling with you.
 1. _____ 3. _____
 2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions:

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ No

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ No

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)? ☐ YES ☒ No
If YES then please check all that apply
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐
45 minutes in transit 3rd

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ No

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and willfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information collected by us will be treated in accordance with our Privacy Policy.

Signature: _____ Home Ph./Mobile: _____

For Official Use: _____ Initials: _____

HEA/01/2020 Rev4
2020-2: V6 (Guest/Crew - CoV AUS)

C. Bosman OK to Board
 Rd. [Signature] 18 MAR 2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-MAR-2020

Patient Last Name, First Name: Faurant D

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: B 251

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China? • Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill? If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
3. Have a history of being in a health care facility in China?	
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
4. Visit any live animal markets? If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms? If Yes, please give details:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Not clinically assessed
---	--

Medical Staff Name: C. Bosman

Rank: RN

Date of Assessment: 8-MAR-2020

Signature: [Signature]

NO other countries ID

36

Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult

Date: 8/3/20 Ship: Ruby Princess
 Port: Sydney Guest Cabin: 8251
 Name: C. Farrant Crew ID: _____

Names of any children under the age of 18 traveling with you.
 1. _____ 3. _____
 2. _____ 4. _____

To assist in protecting the health and safety of all persons on this cruise, please answer the following questions.

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ No

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ No

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)? ☒ YES ☐ No
 If YES then please check all that apply
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐
45 minutes in transit 3rd.

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above.

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ No

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.

Email: _____ Home Ph./Mobile: _____
 Signature: _____

For Official Use Only: Form Validated: ☐ Initials: _____

HEA/01/2020 Rev4
 2020-2: V6 (Guest/Crew-CoV/AUS)

C. Bosman OK to Board
 RN German 8 MAR 2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8, Mar-2020

Patient Last Name, First Name: Fernando C

Patient DOB (DD/MMM/YYYY): _____

Country of Residence: _____

Crew ID / Guest Cabin Number: 8251

SeaCare ID: _____

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills ☐ Cough ☐ Shortness of breath ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
• Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown	
• Date entered Wuhan City _____	
• Date departed Wuhan City _____	
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	
3. Have a history of being in a health care facility in China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker	
<input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	
4. Visit any live animal markets?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name: C. Bosman Rank: RN

Date of Assessment: 8 MAR-2020 Signature: [Signature]

no other country's ID *368*

Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult

Date: 8 March 2020 Ship: Ruby Princess
 Port: Sydney Guest Cabin: 226
 Name: Robert Allison Crew ID: _____

Names of any children under the age of 18 traveling with you.
 1. _____ 3. _____
 2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ NO

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ NO

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)? ☒ YES ☐ NO
If YES then please check all that apply
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐

Substant 1 hour

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ NO

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and willfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.

Email: _____ Home Ph./Mobile: _____
 Signature: _____
 For Official Use Only: _____ Initials: _____

HEA/01/2020 Rev4
2020-2: V6 (Guest/Crew - CoV AUS)

C-Bosman OK To Board
RN Bosman 8 MAR 2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-MAR-2020

Patient Last Name, First Name: Cullisen, Robert

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: 226

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China? • Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill? If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
3. Have a history of being in a health care facility in China? If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
4. Visit any live animal markets? If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms? If Yes, please give details:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Not clinically assessed
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Medical Staff Name: C. Bosman

Rank: RN

Date of Assessment: 8-MAR-2020

Signature: [Signature]

*Asymptomatic
No other Country's Identity 36⁶*

Traveller's Health Declaration - AUSTRALIA	
<small>Must be completed prior to boarding by ALL persons age 18 and above, one form per adult</small>	
Date: <u>8 March 2020</u>	Ship: <u>Ruby Princess</u>
Port: <u>Sydney</u>	Guest Cabin: <u>226</u>
Name: <u>Stephanie Allish</u>	Crew ID: _____
Names of any children under the age of 18 traveling with you.	
1. _____	3. _____
2. _____	4. _____
<small>To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.</small>	
SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:	
1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No
Italy <input type="checkbox"/> Japan <input type="checkbox"/> Singapore <input checked="" type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/>	<small>If YES then please check all that apply</small>
<i>In transit 1 hour</i>	
ONLY PROCEED TO SECTION B, if you answer "YES" to any question above	
SECTION B	
4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
<p>Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.</p> <p>I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.</p>	
Email: _____	Home Ph./Mobile: _____
Signature: _____	
For Official Use Only: Form Validated: <input type="checkbox"/> Initials: _____	HEA/01/2020 Rev4 2020-2: V6 (Guest/Crew -CoV AUS)

*C. Bosman OK to board
RA Bosman 8 MAR 2020*

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-MAR-2020

Patient Last Name, First Name: Allison, Stephanie

Patient DOB (DD/MMM/YYYY): _____

Country of Residence: 226

Crew ID / Guest Cabin Number: _____

SeaCare ID: _____

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills ☐ Cough ☐ Shortness of breath ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
<ul style="list-style-type: none"> Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown Date entered Wuhan City _____ Date departed Wuhan City _____ 	
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	
3. Have a history of being in a health care facility in China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	
4. Visit any live animal markets?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name: C. Bosman Rank: EN

Date of Assessment: 8-MAR-2020 Signature: [Signature]

asymptomatic

No other countries recently

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Traveller's Health Declaration - AUSTRALIA	
<small>Must be completed prior to boarding by ALL persons age 18 and above - one form per adult</small>	
Date: <u>8/3/2020</u>	Ship: <u>Ruby Princess</u>
Port: <u>SYDNEY</u>	Guest Cabin: <u>C222</u>
Name: <u>COOPER</u> <u>MR PETER</u>	Crew ID: _____
Names of any children under the age of 18 traveling with you.	
1. _____	3. _____
2. _____	4. _____
<small>To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.</small>	
SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:	
1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No <small>If YES then please check all that apply</small>
Italy <input type="checkbox"/> Japan <input type="checkbox"/> Singapore <input checked="" type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/>	
<i>1 hour transit</i>	
ONLY PROCEED TO SECTION B, if you answer "YES" to any question above	
SECTION B	
4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and willfully makes a false, fictitious or fraudulent statement or representation.	
I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.	
Email: _____	Ph./Mobile: _____
Signature: _____	
For Official Use Only: Form Validated: <input type="checkbox"/> Initials: _____	HEA/01/2020 Rev4 2020-2: V6 (Guest/Crew - CoV AUS)

C. Blomman
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Ok to Board
8 MAR 2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8. Mar-2020

Patient Last Name, First Name: Cooper, Peter

Patient DOB (DD/MMM/YYYY): _____

Country of Residence: _____

Crew ID / Guest Cabin Number: C222

SeaCare ID: _____

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills ☐ Cough ☐ Shortness of breath ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
<ul style="list-style-type: none"> Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown Date entered Wuhan City _____ Date departed Wuhan City _____ 	
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	
3. Have a history of being in a health care facility in China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	
4. Visit any live animal markets?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name: C. Bosman Rank: PN

Date of Assessment: 8. Mar-2020 Signature: [Signature]

CRUISE
No other Country Visiting 364

Traveller's Health Declaration - AUSTRALIA	
<small>Must be completed prior to boarding by ALL persons age 18 and above, one form per adult</small>	
Date: <u>8/3/20</u>	Ship: <u>Ruby Princess</u>
Port: <u>SYDNEY</u>	Guest Cabin: <u>C222</u>
Name: <u>CHRISTINE COOPER</u> Crew ID: _____	
Names of any children under the age of 18 traveling with you.	
1. _____	3. _____
2. _____	4. _____
<small>To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.</small>	
SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:	
1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?	<input type="checkbox"/> YES <input type="checkbox"/> No
Italy <input type="checkbox"/> Japan <input type="checkbox"/> Singapore <input checked="" type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/>	<small>If YES then please check all that apply</small>
<i>1 hour transit</i>	
ONLY PROCEED TO SECTION B, if you answer "YES" to any question above.	
SECTION B	
4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
<p>Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and willfully makes a false, fictitious or fraudulent statement or representation.</p> <p>I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.</p>	
Email: _____	Home Ph./Mobile: _____
Signature: _____	
For Official Use Only: Form Validated: <input type="checkbox"/> Initials: _____	HEA/01/2020 Rev4 2020-2: V6 (Guest/Crew-CoV AUS)

C. Besman *OK to Board*
RA *8 MAR-2020*

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8, MAR-2020

Patient Last Name, First Name: Cooper, Christine

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: C 222

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
• Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____	
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	
3. Have a history of being in a health care facility in China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	
4. Visit any live animal markets?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name: C. Bosman

Rank: EN

Date of Assessment: 8, MAR-2020

Signature: [Signature]

Asymptomatic

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No other countries

Traveller's Health Declaration - AUSTRALIA	
<small>Must be completed prior to boarding by ALL persons age 18 and above, one form per adult.</small>	
Date: <u>8/2/20</u>	Ship: <u>Ruby Princess</u>
Port: <u>SYDNEY</u>	Guest Cabin: <u>C 748</u>
Name: <u>ALAN TANNOD</u>	ID: _____
Names of any children under the age of 18 traveling with you.	
1. _____	3. _____
2. _____	4. _____
<small>To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions:</small>	
SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:	
1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No
Italy <input type="checkbox"/> Japan <input type="checkbox"/> Singapore <input checked="" type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/> Cambodia <input type="checkbox"/>	<small>If YES then please check all that apply</small>
Indonesia <input type="checkbox"/>	<i>1 1/2 hours transit singapore</i>
ONLY PROCEED TO SECTION B if you answer "YES" to any question above	
SECTION B	
4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
<p>Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.</p> <p>I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.</p>	
Email: _____	Home Ph./Mobile: _____
Signature: _____	
For Official Use Only: Form Validated: <input type="checkbox"/> Initials: _____	HEA/01/2020 Rev4 2020-2: V6 (Guest/Crew - CoV AUS)

C. BOSMAN
Rm

On Board
8-MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-MAR-2020Patient Last Name, First Name: Tinnock, Cullen

Patient DOB (DD/MMM/YYYY): _____

Country of Residence: _____

Crew ID / Guest Cabin Number: C748

SeaCare ID: _____

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China? • Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill? If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
3. Have a history of being in a health care facility in China? If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
4. Visit any live animal markets? If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms? If Yes, please give details:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Not clinically assessed
---	--

Medical Staff Name: C. RosmanRank: ENDate of Assessment: 8-MAR-2020Signature: [Signature]

US Symptomatic
No other countries in

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Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult

Date: 8/3/2020 Ship: Ruby Princess
 Port: SYDNEY Guest Cabin: C748
 Name: VALERIE TANNOK Crew ID: _____

Names of any children under the age of 18 traveling with you.
 1. _____ 3. _____
 2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions:

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ No

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ No

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐ Cambodia ☐
 Indonesia ☐ ☒ YES ☐ No
If YES then please check all that apply

1 1/2 hours transit Singapore.

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ No

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.

Email: _____ Home Ph./Mobile: _____
 Signature: _____

For Official Use Only: Form Validated: ☒ Initials: _____

HEA/01/2020 Rev4
2020-2: V6 (Guest/Crew - CoV AUS)

C. Besic
RN

OK to Board
8-MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8 - MAR - 2020

Patient Last Name, First Name: Tunnock, Valerie

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: C748

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China? • Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill? If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
3. Have a history of being in a health care facility in China? If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
4. Visit any live animal markets? If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms? If Yes, please give details:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Not clinically assessed
---	--

Medical Staff Name: C. Bosman

Rank: RN

Date of Assessment: 8. MAR - 2020

Signature: [Signature]

11 symptoms
No other countries ID

37'

Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult.

Date: 8/7/2020 Ship: Ruby Princess
 Port: SYDNEY Guest Cabin: A218
 Name: TIMOTHY CLARKE Crew ID: _____

Names of any children under the age of 18 traveling with you.
 1. _____ 3. _____
 2. _____ 4. _____

To assist in protecting the health and safety of all persons on this cruise, please answer the following questions.

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ No

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ No

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐ Cambodia ☐
 Indonesia ☐ Transit 1 hour. ☒ YES ☐ No
If YES then please check all that apply

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ No

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.

Email: _____ Home Ph./Mobile: _____
 Signature: _____

For Official Use Only: Form Validated: ☒ Initials: _____

HEA/01/2020 Rev4
 2020-2: V6 (Guest/Crew-CoV AUS)

C. Bosman OK to Board
 RN Review 8-MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8. MAR. 2020

Patient Last Name, First Name: Chote, Timothy

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: A218

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
<ul style="list-style-type: none"> Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown Date entered Wuhan City _____ Date departed Wuhan City _____ 	
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	
3. Have a history of being in a health care facility in China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	
4. Visit any live animal markets?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name: C. Bosman

Rank: RN

Date of Assessment: 8. MAR. 2020

Signature: [Signature]

NO OTHER COUNTRY'S ID 368

Traveller's Health Declaration - AUSTRALIA	
<small>Must be completed prior to boarding by ALL persons age 18 and above, one form per adult</small>	
Date: <u>8/3/2020</u>	Ship: <u>Ruby Princess</u>
Port: <u>SYDNEY</u>	Guest Cabin: <u>8749</u>
Name: <u>PAULINE ATKINSON</u>	Crew ID: _____
Names of any children under the age of 18 traveling with you.	
1. _____	3. _____
2. _____	4. _____
<small>To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions:</small>	
SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:	
1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No
Italy <input type="checkbox"/> Japan <input type="checkbox"/> Singapore <input checked="" type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/> Cambodia <input type="checkbox"/>	<small>If YES then please check all that apply</small>
Indonesia <input type="checkbox"/>	
ONLY PROCEED TO SECTION B if you answer "YES" to any question above:	
SECTION B	
4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and willfully makes a false, fictitious or fraudulent statement or representation.	
I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.	
Email: _____	Home Ph./Mobile: _____
Signature: _____	
For Official Use Only: Form Validated: <input type="checkbox"/> Initials: _____	HEA/01/2020 Rev4 2020-2: V6 (Guest/Crew-CoV AUS)

C. Beaman RA
OK to Board
8-MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-Mar-2020

Patient Last Name, First Name: Atkinson, Pauline

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: 8749

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
• Does the patient live in Wuhan City?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
• Date entered Wuhan City	_____
• Date departed Wuhan City	_____
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	
3. Have a history of being in a health care facility in China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient (Inpatient/Outpatient) <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker	
<input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	
4. Visit any live animal markets?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<input type="checkbox"/> Not clinically assessed	
If Yes, please give details:	

Medical Staff Name: C. Bosman

Rank: RN

Date of Assessment: 8-Mar-2020

Signature: [Signature]

*no symptoms
no other country's 110*

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Traveller's Health Declaration - AUSTRALIA	
<small>Must be completed prior to boarding by ALL persons age 18 and above, one form per adult.</small>	
Date: <u>8/3/2020</u>	Ship: <u>Ruby Princess</u>
Port: <u>SYDNEY</u>	Guest Cabin: <u>B 749</u>
Name: <u>COLIN ATKINSON</u>	Crew ID: _____
Names of any children under the age of 18 traveling with you.	
1. _____	3. _____
2. _____	4. _____
<small>To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions:</small>	
SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:	
1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No
Italy <input type="checkbox"/> Japan <input type="checkbox"/> Singapore <input checked="" type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/> Cambodia <input type="checkbox"/>	<small>If YES then please check all that apply</small>
Indonesia <input type="checkbox"/>	
<i>hi</i>	
ONLY PROCEED TO SECTION B, if you answer "YES" to any question above	
SECTION B	
4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and willfully makes a false, fictitious or fraudulent statement or representation.	
I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.	
Email: _____	Home Ph./Mobile: _____
Signature: _____	
For Official Use Only: Form Validated: <input type="checkbox"/> Initials: _____	HEA/01/2020 Rev4 2020-2: V6 (Guest/Crew - CoV AUS)

*C. Benson
100*

*Benson 8 MAR 2020
OK to Board*

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-MAR-2020

Patient Last Name, First Name: Atkinson, Colin

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: 8749

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
• Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____	
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	
3. Have a history of being in a health care facility in China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	
4. Visit any live animal markets?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name: C. Bosman

Rank: RN

Date of Assessment: 8-MAR-2020

Signature: [Signature]

copy of ...
No other country's IP *364*

Traveller's Health Declaration - AUSTRALIA	
<small>Must be completed prior to boarding by ALL persons age 18 and above, one form per adult</small>	
Date: <u>03/08/20</u>	Ship: <u>Ruby Princess</u>
Port: <u>SYDNEY</u>	Guest Cabin: <u>13341</u>
Name: <u>GARY INMAN</u>	Crew ID: _____
Names of any children under the age of 18 traveling with you.	
1. _____	3. _____
2. _____	4. _____
<small>To assist in protecting the health and safety of all persons on this cruise, please answer the following questions:</small>	
SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:	
1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No
Italy <input type="checkbox"/> Japan <input type="checkbox"/> Singapore <input checked="" type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/>	<small>If YES then please check all that apply</small>
<u>2.5 hrs</u>	
ONLY PROCEED TO SECTION B, if you answer "YES" to any question above	
SECTION B	
4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
<p>Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.</p> <p>I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.</p>	
Email: _____	Home Ph./Mobile: _____
Signature: _____	
<small>For Official Use Only: Form Validated: <input checked="" type="checkbox"/> Initials: _____</small>	
<small>HEA/01/2020 Rev4 2020-2: V6 (Guest/Crew - CoV AUS)</small>	

C. Beaman
8-MAR-2020
OK TO BOARD

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8 Mar-2020Patient Last Name, First Name: Immen, Georg

Patient DOB (DD/MMM/YYYY): _____

Country of Residence: _____

Crew ID / Guest Cabin Number: B341

SeaCare ID: _____

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
• Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____	
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	
3. Have a history of being in a health care facility in China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	
4. Visit any live animal markets?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name: C. BosmanRank: RNDate of Assessment: 8 Mar-2020Signature: [Signature]

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*Asymptomatic
No other countries 20 Jan*

Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult

Date: 08/03/20 Ship: Ruby Princess
 Port: SYDNEY Guest Cabin: B341
 Name: CAROLE WHITEAW Crew ID: _____

Names of any children under the age of 18 traveling with you.

1. _____ 3. _____
 2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ No

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ No

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)? ☒ YES ☐ No
If YES then please check all that apply
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐
2.5 hrs

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above.

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ No

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.

Email: _____ Home Ph./Mobile: _____
 Signature: _____

For Official Use Only: Form Validated: ☐ Initials: _____

HEA/01/2020 Rev4
2020-2: V6 (Guest/Crew - CoV AUS)

*c-Berman
RN*

Berman

*8 MAR 2020
OK to Board*

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-MAR-2020

Patient Last Name, First Name: Whitehead, Carol

Patient DOB (DD/MMM/YYYY): 1

Country of Residence:

Crew ID / Guest Cabin Number: B341

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
• Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____		
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:		
3. Have a history of being in a health care facility in China?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____		
4. Visit any live animal markets?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____		

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:		<input type="checkbox"/> Not clinically assessed

Medical Staff Name: C. Bosman

Rank: EN

Date of Assessment: 8-MAR-2020

Signature: Bosman

asymptomatic
No other countries in

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Traveller's Health Declaration - AUSTRALIA	
<small>Must be completed prior to boarding by ALL persons age 18 and above, one form per adult</small>	
Date: <u>08-03-2020</u>	Ship: <u>Ruby Princess</u>
Port: <u>SYDNEY</u>	Guest Cabin: <u>6015</u>
Name: <u>ANTHONY WASHBURN</u> Crew ID: _____	
Names of any children under the age of 18 traveling with you.	
1. _____	3. _____
2. _____	4. _____
<small>To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions:</small>	
SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:	
1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No
Italy <input type="checkbox"/> Japan <input checked="" type="checkbox"/> Singapore <input checked="" type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/>	<small>If YES then please check all that apply</small>
<u>1 hour transit Singapore</u>	
ONLY PROCEED TO SECTION B, if you answer "YES" to any question above	
SECTION B	
4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.	
I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.	
Email: _____	Home Ph./Mobile: _____
Signature: _____	
For Official Use Only: Form Validated: <input type="checkbox"/> Initials: _____	HEA/01/2020 Rev4 2020-2: V6 (Guest/Crew - CoV AUS)

C. Bosman
Rr

OK to Board
Check of

8 MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8 MAR-2020

Patient Last Name, First Name: Whitham, Anthony

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: 1215

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
• Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown	
• Date entered Wuhan City _____	
• Date departed Wuhan City _____	
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	
3. Have a history of being in a health care facility in China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker	
<input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	
4. Visit any live animal markets?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name: C. Brunker

Rank: RN

Date of Assessment: 8 MAR-2020

Signature: Brunker

Asymptomatic
No other Countries Ip

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Traveller's Health Declaration - AUSTRALIA	
<small>Must be completed prior to boarding by ALL persons age 18 and above, one form per adult</small>	
Date: <u>08.03.2020</u>	Ship: <u>Ruby Princess</u>
Port: <u>SYDNEY</u>	Guest Cabin: <u>L215</u>
Name: <u>JOYCE WASHBURN</u>	Crew ID: _____
Names of any children under the age of 18 traveling with you.	
1. _____	3. _____
2. _____	4. _____
<small>To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.</small>	
SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:	
1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)? Italy <input type="checkbox"/> Japan <input type="checkbox"/> Singapore <input checked="" type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/> <i>1 hour transit Singapore</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No <small>If YES then please check all that apply</small>
ONLY PROCEED TO SECTION B, if you answer "YES" to any question above	
SECTION B	
4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
<p>Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.</p> <p>I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.</p>	
Email: _____	Home Ph./Mobile: _____
Signature: _____	
<small>For Official Use Only</small> Form Validated: <input type="checkbox"/> Initials: _____	
<small>HEA/01/2020 Rev4 2020-2: V6 (Guest/Crew - CoV AUS)</small>	

C. Bosman *OK to Board*
QAL *Bosman* *8-MAR-2020*
Q

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8 MAR-2020

Patient Last Name, First Name: Nashburn, Jayce

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: 1215

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
• Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____	
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	
3. Have a history of being in a health care facility in China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	
4. Visit any live animal markets?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name: C. Bosman

Rank: EN

Date of Assessment: 8-MAR-2020

Signature: [Signature]

NO other countries ID

369

Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult

Date: 5/3/20 Ship: Ruby Princess
 Port: SYDNEY Guest Cabin: R720
 Name: CARM BOONAN Crew ID: _____
Names of any children under the age of 18 traveling with you.
 1. _____ 3. _____
 2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ No

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ No

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?
 Italy ☐ Japan ☐ Singapore ☐ Taiwan ☐ Thailand ☐
☒ YES ☐ No
If YES then please check all that apply

(1 1/2 hour)

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above.

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ No

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and willfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.

Email: _____ Home Ph / Mobile: _____
 Signature: _____

For Official Use Only: Form Validated: _____ Initials: _____

HEA/01/2020 Rev4
2020-2: V6 (Guest/Crew -CoV AUS)

C. Boonan
RA

OK to Board
8-MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8. MAR 2020

Patient Last Name, First Name: Gogley, Gary

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: R730

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
• Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____		
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:		
3. Have a history of being in a health care facility in China?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____		
4. Visit any live animal markets?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____		

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name: C. Bosman

Rank: CN

Date of Assessment: 8-MAR-2020

Signature: Bosman

no symptoms

no other countries to

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Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult

Date: 8 March 20 Ship: Ruby Princess

Port: Sydney Guest Cabin: E 405

Name: Philip Meschery Crew ID: _____

Names of any children under the age of 18 traveling with you.

1. _____ 3. _____

2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ NO

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ NO

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)? ☒ YES ☐ NO
If YES then please check all that apply
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐

(1 hour)

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ NO

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.

Email: _____ Home Ph./Mobile: _____

Signature: _____

For Official Use Only: Form Validated: ☐ Initials: _____

HEA/01/2020 Rev4
2020-2: V6 (Guest/Crew - CoV AUS)

C. Bosman
RNIOK to Board
Bosman 8-MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-MAR-2020

Patient Last Name, First Name: Mr. Sherry, Philip

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: E405

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
• Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____	
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	
3. Have a history of being in a health care facility in China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	
4. Visit any live animal markets?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name: C. Bosman

Rank: RN

Date of Assessment: 8-MAR-2020

Signature: [Signature]

Asymptomatic
No other countries in

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Traveller's Health Declaration - AUSTRALIA	
<small>Must be completed prior to boarding by ALL persons age 18 and above, one form per adult</small>	
Date: <u>8 March 20</u>	Ship: <u>Ruby Princess</u>
Port: <u>SYDNEY</u>	Guest Cabin: <u>E 405</u>
Name: <u>J Ward</u>	Crew ID: _____
Names of any children under the age of 18 traveling with you.	
1. _____	3. _____
2. _____	4. _____
<small>To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.</small>	
SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:	
1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No
Italy <input type="checkbox"/> Japan <input type="checkbox"/> Singapore <input checked="" type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/>	<small>If YES then please check all that apply</small>
<i>(1 hour)</i>	
ONLY PROCEED TO SECTION B, if you answer "YES" to any question above	
SECTION B	
4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
<p>Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and willfully makes a false, fictitious or fraudulent statement or representation.</p> <p>I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.</p>	
Email: _____	Home Ph./Mobile: _____
Signature: _____	
<small>For Official Use Only: Form Validated: <input type="checkbox"/> Initials: _____</small>	
<small>HEA/01/2020 Rev4 2020-2: V6 (Guest/Crew - CoV AUS)</small>	

C. Bosman
RA
OK to Board
8-mar-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-mpr-2020

Patient Last Name, First Name: Ward, J

Patient DOB (DD/MMM/YYYY): _____

Country of Residence: _____

Crew ID / Guest Cabin Number: R405

SeaCare ID: _____

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills ☐ Cough ☐ Shortness of breath ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
<ul style="list-style-type: none"> Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown Date entered Wuhan City _____ Date departed Wuhan City _____ 	
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	
3. Have a history of being in a health care facility in China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	
4. Visit any live animal markets?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name: C. Bosman Rank: RN

Date of Assessment: 8-mpr-2020 Signature: [Signature]

NO other countries ID

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Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult

Date: 8/3/2020 Ship: Ruby Princess
 Port: SYDNEY Guest Cabin: C305
 Name: JANE JAMES Crew ID: _____

Names of any children under the age of 18 traveling with you.

1. _____ 3. _____
 2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ NO

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ NO

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)? ☒ YES ☐ NO
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐
 Transferring

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ NO

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.

Email: _____ Home Pn./Mobile: _____
 Signature: _____

For Official Use Only: Form Validated: ☐ Initials: _____

HEA/01/2020 Rev4
 2020-2: V6 (Guest/Crew - CoV AUS)

C. Bosman
RNOK to Board
8-MAR-2020

Jesse

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-MAR-2020

Patient Last Name, First Name:

Patient DOB (DD/MMM/YYYY): James, Jennie

Country of Residence:

Crew ID / Guest Cabin Number: C305

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
• Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____	
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	
3. Have a history of being in a health care facility in China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	
4. Visit any live animal markets?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name: C. Bosman

Rank: RN

Date of Assessment: 8-MAR-2020

Signature: [Signature]

Asymptomatic
No other countries ID

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Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult

Date: 8/3/2020 Ship: Ruby Princess
 Port: SYDNEY Guest Cabin: C305
 Name: CHRISTOPHER JAMES Crew ID: _____

Names of any children under the age of 18 traveling with you.
 1. _____ 3. _____
 2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions:

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ NO

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ NO

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)? ☒ YES ☐ NO
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐
Transit 30min.

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ NO

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and willfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any person who provides false information to us will be treated in accordance with our Privacy Policy.

Signature: _____ Home Ph./Mobile: _____

For Official Use Only: Form Validated: ☐ Initials: _____

HEA/01/2020 Rev4
2020-2: V6 (Guests/Crew - CoV AUS)

C. Bosman

RW

OK to Board
8-MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-Mar-2020

Patient Last Name, First Name: James, Christopher

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: C 305

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
• Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____	
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	
3. Have a history of being in a health care facility in China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	
4. Visit any live animal markets?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name: C. Bosman

Rank: RN

Date of Assessment: 8-MAR-2020

Signature: [Signature]

No other countries JP

37

Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult.

Date: 8/3/2020 Ship: Ruby Princess
 Port: Sydney Guest Cabin: A218
 Name: Nick Clarke Crew ID: _____

Names of any children under the age of 18 traveling with you.

1. _____ 3. _____
 2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ NO

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ NO

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐ Cambodia ☐
 Indonesia ☒ Transit 1 hour. ☐ Qantas refused

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above.

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ NO

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.

Email: _____ Home Ph./Mobile: _____
 Signature: _____

For Official Use Only: Form Validated: ☐ Initials: _____

HEA/01/2020 Rev4
 2020-2: V6 (Guest/Crew - CoV AUS)

C. Bosman
RNOn to Board
8 MAR 2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8 MAR-2020

Patient Last Name, First Name: Helen

Patient DOB (DD/MMM/YYYY): _____

Country of Residence: _____

Crew ID / Guest Cabin Number: A 218

SeaCare ID: _____

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
• Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown	
• Date entered Wuhan City _____	
• Date departed Wuhan City _____	
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:	
3. Have a history of being in a health care facility in China?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker	
<input type="checkbox"/> Visitor <input type="checkbox"/> Other _____	
4. Visit any live animal markets?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____	

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	<input type="checkbox"/> Not clinically assessed
If Yes, please give details:	

Medical Staff Name: C. Rosman Rank: RN

Date of Assessment: 8-MAR-2020 Signature: [Signature]

... *ORCAHITS*
No other Countries ID

369

Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult

Date: 8th March 2020 Ship: Ruby Princess
 Port: Singapore Guest Cabin: D522
 Name: DK GUYSE SMITH Crew ID: _____
Raymond Names of any children under the age of 18 traveling with you.
 1. _____ 3. _____
 2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ No

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ No

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐
☒ YES ☐ No
If YES then please check all that apply

from UK transit lounge Singapore. no marks

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ No

cough / no fever

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.

Email: _____ Ph./Mobile: _____
 Signature: _____

For Official Use Only: Form Validated: ☐ Initials: _____

HEA/01/2020 Rev4
 2020-2: V6 (Guest/Crew - CoV AUS)

C Bosman
RN

Beauval 8-MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-Mar-2020

Patient Last Name, First Name: Guise-Smith, Raymond

Patient DOB (DD/MMM/YYY):

Country of Residence:

Crew ID / Guest Cabin Number: D 522

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
• Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____		
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:		
3. Have a history of being in a health care facility in China?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____		
4. Visit any live animal markets?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____		

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name: C. Basman

Rank: RN

Date of Assessment: 8-Mar-2020

Signature: [Signature]

Version 1.0

Patient states chronic cough

January 17, 2020

Patient assessed on-ship facility (see attached), and stated free of "viral infection"

... *ORCAHITS*
No other Countries ID

369

Traveller's Health Declaration - AUSTRALIA

Must be completed prior to boarding by ALL persons age 18 and above, one form per adult

Date: 8th March 2020 Ship: Ruby Princess
 Port: Singapore Guest Cabin: D522
 Name: DK GUYSE SMITH Crew ID: _____
Raymond Names of any children under the age of 18 traveling with you.
 1. _____ 3. _____
 2. _____ 4. _____

To assist us in protecting the health and safety of all persons on this cruise, please answer the following questions.

SECTION A - IN THE PAST 14 DAYS, HAVE YOU OR ANY PERSON LISTED ABOVE:

1. Travelled from, or through Mainland China, Hong Kong, Macau, South Korea or Iran (including transiting through an airport in these locations)? ☐ YES ☒ No

2. Had contact with a suspected or confirmed case of coronavirus (COVID-19), or a person under monitoring for coronavirus? ☐ YES ☒ No

3. Have you travelled from, or through any of the locations listed below (including transiting through an airport in these locations)?
 Italy ☐ Japan ☐ Singapore ☒ Taiwan ☐ Thailand ☐
☒ YES ☐ No
If YES then please check all that apply

from UK transit lounge Singapore. no marks

ONLY PROCEED TO SECTION B, if you answer "YES" to any question above

SECTION B

4. In the past 14 days, have you or any person listed above had a fever, cough or difficulty breathing? ☐ YES ☒ No

cough / no fever

Your personal information is being collected at the direction of Public Health authorities and you consent to this information being disclosed to relevant Public Health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications. Any personal information you provide which is retained by us will be treated in accordance with our Privacy Policy.

Email: _____ / Mobile: _____
 Signature: _____

For Official Use Only: Form Validated: ☐ Initials: _____

HEA/01/2020 Rev4
 2020-2: V6 (Guest/Crew - CoV AUS)

C Bosman
RN

Beaucl 8-MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-Mar-2020

Patient Last Name, First Name: Guise-Smith, Raymond

Patient DOB (DD/MMM/YYY):

Country of Residence:

Crew ID / Guest Cabin Number: D 522

SeaCare ID:

DOES THE PATIENT HAVE ANY OF THE BELOW RESPIRATORY SYMPTOMS? (Check all that apply)

☐ Fever or Feverishness/Chills
 ☐ Cough
 ☐ Shortness of breath
 ☒ NONE

If YES: Date of Symptom onset: _____

DID THE PATIENT:

1. Visit Wuhan City, China?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
• Does the patient live in Wuhan City? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown • Date entered Wuhan City _____ • Date departed Wuhan City _____		
2. Have close contact with a laboratory-confirmed 2019-nCoV case, or anyone who is under investigation for coronavirus, while that person was ill?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, provide details about the exposure and type of exposure. If possible, provide details about the index patient:		
3. Have a history of being in a health care facility in China?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Patient [Inpatient/Outpatient] <input type="checkbox"/> Health care worker <input type="checkbox"/> Other worker <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____		
4. Visit any live animal markets?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown
If Yes, why? <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____		

For patients that undergo further clinical assessment:

Does the patient have another diagnosis (other than possible 2019-nCoV) or etiology that may explain their symptoms?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If Yes, please give details:	<input type="checkbox"/> Not clinically assessed

Medical Staff Name: C. Basman

Rank: RN

Date of Assessment: 8-Mar-2020

Signature: [Signature]

Version 1.0

Patient states chronic cough
 Patient assessed on-ship facility (see attached), and stated free of
 "viral infection"

January 17, 2020

Dr Sabrina Mohammed

MBBS
Provider No. 5658612A
213-219 Darlinghurst Road
DARLINGHURST NSW 2010

Mailing Address: PO Box 7007 Blacktown NSW 2148

8th March 2020


To Whom It May Concern

Mr Raymond Guise-Smith
Cruise
SYDNEY 2000
DOB: [REDACTED]
Ph: [REDACTED]

Mr Raymond Guise-Smith, age [REDACTED] was assessed today at Darlinghurst Medical Centre. He denies any history of any recent viral illness over the last 14 days. He informs me he stopped over in Singapore for less than 1 hour on 5th March 2020 a short transit enroute to Sydney. On assessing Raymond today he did not present with any clinical features suggestive of a viral infection.

(Examination : Chest clear, 98oa 36.1C RR15 HR 70 Throat clear, no cervical Ln, no rhinorrhoea)

Yours sincerely,


Dr Sabrina Mohammed
MBBS
5658612A

Dr Sabrina Mohammed
Provider No. 5658612A
Darlinghurst Medical Centre
PO Box 7007
BLACKTOWN NSW 2148