



Special Commission of Inquiry into the Ruby Princess

EXHIBIT 103

Statement of Johanna Bosman dated 30 June 2020 (with annexures)

**IN THE MATTER OF AN INVESTIGATION INTO RUBY
PRINCESS**

JOHANNA CHRISTINA MARIA BOSMAN

WITNESS STATEMENT

30 JUNE 2020

I. Introduction

1. My full name is Johanna Christina Maria Bosman. I was born on [REDACTED] and currently reside at [REDACTED] [REDACTED] I go by the name Christelle.
2. Exhibited to me at the time of making this statement is a bundle of consecutively numbered documents marked "JB-1". In this statement, where I refer to documents I refer to them by their page number within "JB-1".
3. I qualified as a Registered Nurse in 1988 at Ann Latsky College in Johannesburg, South Africa. I have general nursing and intensive care nursing qualifications.

II. Background

4. Prior to working for Princess Cruise Lines Ltd (**Princess Cruises**), I worked in private hospitals as a unit manager and shift leader. For the majority of that time, I was a Registered Nurse.
5. I commenced working as a Registered Nurse for Princess Cruises in approximately 2008. Since my employment, I have held various roles in Princess Cruises across different ships within the Princess Cruises fleet, including working in the position of Senior Nurse.
6. The role of Senior Nurse during a voyage of *Ruby Princess* principally involves care of passengers and crew on board who experience illnesses or health complaints as well as overall management of the medical team, ordering stock and equipment and managing any problems, including passenger complaints, that arise during the voyage.
7. The role of Registered Nurse during a voyage mainly involves care of passengers and crew on board who experience illnesses or health complaints.
8. My curriculum vitae is at page 1 of **JB-1**.

III. Role as Registered Nurse and Senior Nurse

9. The medical team on board *Ruby Princess* is made up of 7 people comprising the Senior Doctor, the Crew Doctor, the Senior Nurse, two Registered Nurses and two Paramedics.
10. I boarded *Ruby Princess* on 13 January 2020 and was working as a Registered Nurse on the voyages commencing 24 February 2020 (RU2006) and 8 March 2020 (RU2007).
11. When I am working as Senior Nurse I report directly to the Senior Doctor. When I am working as a Registered Nurse, I report directly to the Senior Nurse and Senior Doctor. During the periods:

- a. 24 February 2020 to 8 March 2020, the Senior Nurse to whom I reported was Ms Mary White and the Senior Doctor was Dr Ilse Von Watzdorf; and
 - b. 8 March to 19 March 2020, the Senior Nurse to whom I reported was Mr Johan Matthee and the Senior Doctor was Dr Von Watzdorf.
12. As I understand it, the Senior Doctor ultimately reports to the Holland America Group Fleet Health Services team.
13. In my role as Senior Nurse or Registered Nurse, it is my responsibility to assist with the care of passengers and crew on board *Ruby Princess* who experience illnesses or health complaints.

IV. Procedures for screening passengers prior to embarkation

14. On 8 March 2020, all passengers aged 18 and above were required to complete a document titled "Traveller's Health Declaration Form" (**Health Declaration**) prior to embarking *Ruby Princess*. This was part of the ship's pre-embarkation procedures.
15. The Health Declaration provided to passengers required them to declare whether they or any of their children under the age of 18 had, in the past 14 days:
- a. travelled from, or through, Mainland China, Hong Kong, Macau, South Korea or Iran, including transiting through an airport in these locations (**Question 1**);
 - b. been in contact with:
 - i. a suspected or confirmed case of COVID-19; or
 - ii. a person under monitoring for COVID-19;
 (**Question 2**)
 - c. travelled from, or through, particular countries including Italy, Japan, Singapore, Taiwan, Thailand, Cambodia or Indonesia including transiting through an airport in these locations (**Question 3**).
16. Where a passenger answered yes to any of Questions 1, 2 or 3 above, they were also required to declare whether they or any of their children under the age of 18 had, in the past 14 days, experienced fever, cough or difficulty breathing (**Question 4**).
17. The Health Declaration was signed and dated by each passenger aged 18 and above. It required them to certify, amongst other things, that the matters declared by them in the Health Declaration were true and correct.
18. Question 3 of the Health Declaration required guests to self-identify if they had travelled from, or through any of the locations set out in paragraph 15(c)

above, which I understood were included in the form as being potential countries or locations of concern for COVID-19 transmission risk. I was not involved in determining which countries were to be listed on the Health Declaration.

V. Screening on 8 March for voyage RU2007

19. To the best of my recollection, the Health Declarations were provided by the Administration Officer onboard *Ruby Princess* to shoreside personnel stationed at the Overseas Passenger Terminal in Circular Quay. I understood the shoreside personnel were responsible for providing the Health Declarations to passengers of voyage RU2007 to complete. I cannot recall the names or specific positions of the relevant shoreside personnel who were involved in this process. However, for the purposes of my statement I refer to them as the “**shoreside personnel**”.
20. Once a passenger had completed his or her Health Declaration, the Health Declaration was provided again to the shoreside personnel. I understood that these personnel were required to assess the answers given by the passenger to Questions 1 to 4 referred above to determine whether the passenger:
 - a. would be allowed to embark without any further screening;
 - b. required health screening by the medical team to determine whether they would be allowed to embark; or
 - c. would be denied boarding without any further screening.
21. I understand that this initial screening process conducted by the shoreside personnel required the following steps to be undertaken:
 - a. Where passengers answered “no” to each of Questions 1 to 3, they were to be allowed by terminal staff to embark without any further screening.
 - b. Where passengers answered “yes” to one or both of Questions 1 and 2, those passengers were to be denied boarding by the terminal staff.
 - c. Where passengers answered “yes” to Question 3, the Health Declaration Form for the passenger was required to be provided to the ship’s medical team, including myself, for further screening to determine whether the passenger would be allowed to embark or denied boarding. The process for the additional screening by the medical team is set out in further detail at paragraphs 23 to 27 below.
22. I was provided by the Senior Doctor with a copy of a flowchart that explained the screening process referred to at paragraph 21 above. It is my understanding that this flowchart was used by the shoreside personnel. A copy of the flowchart at page 6 of **JB-1**.

VI. Additional health screening process at terminal for Question 3 on 8 March 2020

23. On 8 March 2020, Dr Von Watzdorf asked me, as the Registered Nurse on duty, to go to the Overseas Passenger Terminal to conduct the additional health screening for the passengers of voyage RU007 who answered yes to Question 3. I do not recall the exact time she asked me to go to the terminal to undertake the health screening. However, I recall at that time the passengers on voyage RU2006 who had been tested by NSW Health were still waiting on *Ruby Princess* for their results.
24. While I was undertaking the additional screening of these passengers of voyage RU2007, Dr Von Watzdorf was available for me to call in the event that I had any questions or required clarification of certain matters. I recall that I had a conversation with Dr Von Watzdorf in relation to this on 8 March 2020 where she said words to the effect of:

If you have any queries or any concerns, or any doubt about anybody, you should call me and not make a decision on your own.

25. The process for the additional health screening of passengers who answered “yes” to Question 3 on 8 March 2020, was as follows:
- Where the shoreside personnel identified a passenger as having answered “yes” to Question 3, the passenger was escorted by terminal staff from the entrance of the ground floor terminal to a designated section at the back of the ground floor terminal for the purposes of further health screening.
 - When the passenger arrived at the designated area at the back of the ground floor terminal, the Health Declaration completed by the passenger was provided to me to review. I recall that each Health Declaration provided to me included a notation as to how much time the passenger had spent in the relevant country identified in the answer to Question 3. However, I do not know who made these annotations.
 - Once I had reviewed the passenger’s Health Declarations, I asked the passengers to confirm exactly how long they had spent in the relevant country which they had identified in their answer to Question 3.
 - I asked the passenger to reconfirm that they had not visited any of the other countries identified in Question 1 of the Health Declaration. I recall that on 8 March there were some passengers who answered “yes” to Question 1. As a result, I directed them to the area for passengers who were to be denied boarding and did not proceed to undertake health screening for these passengers.
 - If the passenger still answered “no” to travelling from or through any of the countries identified in Question 1, I would then complete an

additional form titled "Novel coronavirus (2019-nCoV) patient investigation form" (**Patient Investigation Form**) for each passenger. I recall that I was given copies of this form by Dr Von Watzdorf for the purposes of undertaking the additional health screening on 8 March, but I do not know who the author of this form was.

- f. By reference to the Patient Investigation Form, I will now explain the further criteria used to decide whether or not to allow passengers who had travelled from, or transited through, any of the countries identified in Question 3 to board *Ruby Princess* on RU2007 and the additional checks performed as part of this process.

Respiratory symptom criteria

- g. The Patient Investigation Form contains a section titled "Does the Patient Have Any Of The Below Respiratory Symptoms (Check all that apply)". The options listed under the question in the section were in several boxes as set out below:
 - i. Fever or feverishness/Chills;
 - ii. Cough;
 - iii. Shortness of breath;
 - iv. None;
 - v. If YES: Date of Symptom Onset.
- h. During the medical assessment of these passengers, I undertook temperature checks on passengers to determine if they had a fever. I recorded the result by making a handwritten notation of the temperature in the top right hand corner of the Health Declaration. I recorded a passenger as having a fever if they had a temperature of 37.5°C and above.
- i. To determine whether a passenger had a fever I would look at whether the passenger had an "elevated" temperature (that is, 37.5°C or above) – which I understand was the same approach used by NSW Health in carrying out its onboard assessment for passengers of voyage RU006 earlier in the day.
- j. During the assessment I would also observe if the passenger being evaluated presented with other respiratory symptoms of cough or shortness of breath. In addition to my observations, I would ask the passenger whether they had a cough or experienced shortness of breath.
- k. If passengers presented with a fever or serious respiratory symptoms, I was instructed by the Senior Doctor that the passengers would not be allowed to board.

l. If passengers presented with mild respiratory symptoms, such as having a runny nose or cough, I was instructed by the Senior Doctor that the passenger should be referred to a local hospital or general practitioner in order to be cleared to board. In these instances, I would first consult with the on-call doctor in the medical centre and then liaise with a Port Agent to refer the patient to a local hospital, clinic or general practitioner. I understand that the Port Agent would assist passengers in this regard – for example, by arranging for transport to and from the ship, taking passengers to hospitals themselves, obtaining reports from doctors and notifying the ship of the results. Where a passenger was cleared by the hospital, clinic or general practitioner, I would obtain consent from the on-call doctor by telephone prior to allowing the passenger to board.

m. Where the passengers:

- i. did not present with symptoms and did not have elevated temperatures; or
- ii. presented with mild respiratory symptoms as referred to in paragraph (l) above;

I was instructed by the Senior Doctor to also ask the passengers about the additional criteria set out in the Patient Investigation Form, before making a final decision whether the passengers were cleared to board or, in the case of passengers referred to in paragraph (l) above, referring the passenger to a local hospital or general practitioner to obtain a medical certificate.

26. The additional criteria essentially involved questioning passengers to see whether:

- a. the passenger lived in or had visited Wuhan, China;
- b. the passenger had close contact with a laboratory confirmed case of COVID-19, or anyone who was under investigation for COVID-19 while that person was ill;
- c. the passenger had a history of being in a health care facility in China and if so, in what capacity; and
- d. the passenger had visited any live animal markets and the reasons for the visit.

27. In circumstances where a passenger:

- a. did not present with respiratory symptoms and did not have a fever; or
- b. presented with mild respiratory symptoms, but had
 - i. obtained a medical certificate; and

- ii. had been clinically assessed by me in consultation with the on-call doctor by telephone as not being unwell or experiencing acute respiratory illness, as opposed to a chronic or ongoing condition;

and had answered "no" to each of the questions addressing the additional criteria referred to in paragraph 26 above, the passenger was permitted to board.

VII. Results of the additional health screening process on 8 March 2020

28. In preparation of this statement, I have reviewed the Traveller's Health Declarations and Patient Investigation Forms for passengers who underwent the additional health screening process on 8 March 2020 for voyage RU2007. Based on my review of these documents, I can say that:

- a. approximately 59 passengers underwent additional health screening on 8 March 2020 and, through this process, I determined that each of these passengers should be allowed to board the ship; and
- b. of the 59 passengers who underwent additional health screening, 1 passenger, Mr Raymond Guise-Smith, was referred for further medical assessment and obtained a medical certificate before he was cleared to board the ship. I recall that I conferred with Dr Von Watzdorf in relation to Mr Guise-Smith's evaluation because he had chronic bronchitis and displayed chronic respiratory symptoms (a persistent cough) despite already having taken one course of antibiotics. It was only once Mr Guise-Smith had obtained a medical certificate clearing him to board that he was permitted to board *Ruby Princess*. However, when he boarded *Ruby Princess* I directed him to proceed to the medical centre to be further evaluated by the Senior Doctor.

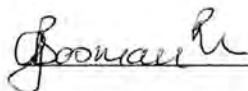
29. At pages:

- a. 7 to 126 of **JB-1** are copies of the Health Declarations and Patient Investigation Forms for all passengers who were permitted to board following additional health screening; and
- b. 127 of **JB-1** is a copy of the Medical Certificate for Mr Guise-Smith.

VIII. Statement of truth

I believe that the facts stated in this witness statement are true.

Signed:



Dated:

30 June 2020

Place of Signature:

Springs, South-Africa

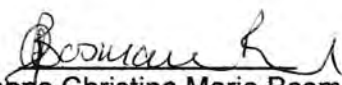
IN THE MATTER OF AN INVESTIGATION INTO RUBY PRINCESS

JOHANNA CHRISTINA MARIA BOSMAN

EXHIBIT CERTIFICATE

"JB-1"

This and the following 127 of pages is JB-1
exhibited to me at the time of signing my statement


Johanna Christina Maria Bosman

30 June 2020

Resume: JCM Bosman

Registered nurse with 33 years' experience in healthcare. Skilled in providing critical care and trauma management. 8 Years of international / sea health experience



- extension, Springs – Johannesburg SA
- Cell nr. [REDACTED]
Skype: [REDACTED] SANC: [REDACTED]

Name: Johanna Christina Maria Bosman Call Name: Christelle	Hospital: St'Georges
Current Position: Unit Manager	Date of engagement with life Healthcare: 1-Jan-2014 – February 2015

Highest qualification(s)

Qualification: Diploma General Nursing
Tertiary Institution: JG Strydom, Johannesburg
Date obtained: 1988

Qualification: Critical Care Nursing
Tertiary Institution: JG Strydom
Date obtained: 1991

Summary of career to date

Position: Unit Manager

Organization: St. Georges hospital

Key responsibilities: Leading, Delegating, Teaching, Risk management, Infection control management, Compiling Unit Specific Policy's and competencies, Compiling monthly reports, staff scheduling, Budget management,

Dates of service: 1-Jan-2014 to February 2015

Position: Registered Nurse – Shift Leader

Organization: Life healthcare Springs Parkland Clinic

Key responsibilities: Accompanied Dr's rounds, Assist with procedures, audit patients records, nursing, maintained safety and infection control standard. Coordinated enrolled and registered nurses to develop care plans for patients.

Dates of service: November 2011 – February 2013

Position: Registered Nurse

Organization: Princess cruises – Los Angeles, CA

Key responsibilities: Started as junior nurse, Senior Nurse and stepped down to nurse position later. Maintained quality care systems and standards and medical protocols/guidelines including safety standards, infection control, and handling of hazardous materials. On call system acting as 1st responder to emergency situation. Monitored budget to ensure financial objectives were met, stock control, ordering and accurate billing of patients. Equipment troubleshooting, service and ordering of new equipment. Sterilizing of used instruments. Staff supervision, managed employee review process and ensured compliance with state, federal and ships regulations. **Orientation of new to sea:** using competency assessment tools to determine necessary patient care for maintaining the safety and infection standards, respect and dignity of patients. Created and maintained all nurse schedules and staff meeting minutes. **Patient Care:** Acted as patient advocate and implemented total patient care. Accurately documented all elements of nursing assessment, treatments, medications, discharge instructions and follow up care. Interviewed patients to obtain medical information. Maintained patient documentation and confidential files. EKG's **Medication:** Administration, dispensing of prescribed medications. **Assist Doctors with procedures:** (suturing, application of casts, catheterizations of patients, intubation, and IVI administration. **X-Ray filming:** both wet and digital. **Lab testing:** Obtaining blood sample and running it through various type of machines. **Wound Care:** done on a daily basis. **Audits:** Prepared for audits. Complying with Cost guard and Iso 9000 standards. **Documentation:** Ensured required brochures and pamphlets were available to patients in clinic at all times

Dates of service: 2006 to Present

Position: Registered nurse

Organization: Royal Caribbean Cruises

Key responsibilities: Outpatient and emergency care. 1st Responder to emergency situations. Started as junior nurse and left as Senior Nurse. Maintained quality care systems and standards and medical protocols/guidelines including safety standards, infection control, and handling of hazardous materials. On call system acting as 1st responder to emergency situation. Monitored budget to ensure financial objectives were met, stock control, ordering and accurate billing of patients. Equipment troubleshooting, service and ordering of new equipment. Sterilizing of used instruments. Staff supervision, managed employee review process and ensured compliance with state, federal and ships regulations. **Orientation of new to sea:** using competency assessment tools to determine necessary patient care for maintaining the safety and infection standards, respect and dignity of patients. Created and maintained all nurse schedules and staff meeting minutes. **Patient Care:** Acted as patient advocate and implemented total patient care. Accurately documented all elements of nursing assessment, treatments, medications, discharge instructions and follow up care. Interviewed patients to obtain medical information. Maintained patient documentation and confidential files. EKG's **Medication:** Administration, dispensing of prescribed medications. **Assist Doctors with procedures:** (suturing, application of casts, catheterizations of patients, intubation, and IVI administration. **X-Ray filming:** both wet and digital. **Lab testing:** Obtaining blood sample and running it through various type of machines. **Wound Care:** done on a daily basis. **Audits:** Prepared for audits. Complying with Cost guard and Iso 9000 standards. **Documentation:** Ensured required brochures and pamphlets were available to patients in clinic at all

Dates of service: 2004 - 2006

Position: Unit Manager – Critical Care Unit

Organization: Afrox Health care

Key responsibilities: Supervised 20+ practitioners and employees. Ensured compliance with hospital policy and procedures. Maintained safety and infection control standards. Performed all tasks with a patient centered focus while seeking opportunities for improvement of processes and treatments. Managed caseload of 14+ staff members, ensuring that education, treatments, IV therapy, venipuncture, wound care etc. is carried out in the correct manner by nursing staff. Achieved departmental goals and objectives by enforcing new processes and standards for in patient care. Provided education to enrolled and registered nurses at the bedside. Assisted physicians in rounds, invasive procedures. Managed complaints and incident investigation. Performed staff evaluation twice per year. Controlling staff hours using Kronos system. Scheduling of staff and staff allocations. Budget review, stock control and equipment management.

Dates of service: 2005-2006

Position: Registered Nurse (Staff nurse 1)

Organization: National Guard – Alhassa, Saudi Arabia

Key responsibilities: Contributed to the commissioning of this hospital. Delivered high-quality and compassionate quality nursing care to the critical ill patient who is mechanical ventilated. Taking care of invasive monitoring and care of invasive lines, dialysis catheters, arterial lines, central lines, pacemakers etc. by implemented total patient care. Acted as patient advocate. Accurately documented all elements of nursing assessment and medical history, vital statistics, test results, treatments, medications, discharge instructions and follow-up care. Actively participated in unit-based Quality Assurance program, safety standards and infection control. Assisted patients with healing and recovery after surgery.

Dates of service: June 2004 - 2005

Position: Unit Manager - Trauma

Organization: Afrox Health Care

Key responsibilities: Supervision of practitioners and employees. Recruitment and hiring and management of new employees. Employee review twice per year. Liaise with Doctors and emergency services to ensure customer satisfaction. Maintaining the safety, respect and dignity of physicians, colleagues and patients. Coordinated with registered nurses to develop care plans for patients. Maintained patient documentation and confidential files... Ensured that policy and procedures is in place and followed by colleagues. Create and maintain all absentee calendars, leave schedules, agency nurse schedules and staff meeting minutes. Complete joint performance management twice per year. Maintained budget, equipment and stock control

Dates of service: 2000-2004

Position: Registered Nurse

Organization: Afrox Health Care

Key responsibilities: Started as junior critical nurse and left as shift leader in 1998. When I was promoted to Unit Manager in the Trauma department at the same hospital. During this phase my main duties was Clinical patient care, staff supervision and clinical training

Dates of service: January 1992 – March 2002

Position: Registered Nurse

Organization: Charisma Nursing agency, Medic air, Johannesburg international airport, community center. –

Worked as a travel nurse mainly in critical environment, cardiac, neurology and SCCU. **Aviation medicine and Community health center:** Mother and baby clinic

Key responsibilities: Mainly Clinical patient care in various critical Units, Escorting critical ill patients from one country to another; Mother and baby care including inseminations programs, birth control clinic etc.

Dates of service: 1988-1991

Position: Student Nurse – Registered Nurse

Organization: Far Eastrand Hospital

Key responsibilities: Training rotating in all discipline's

Dates of service: 1979-1988

Position: CEO

Organization: Medistaff Nursing Agency

Key responsibilities: Recruiting and placing of agency nurses in hospitals. **Administrative work:** Invoices, salary payments, disciplinary hearings. **Training:** In-service training and evaluation of staff competencies.

Dates of service: 1994-2010

TRAINING

Highest qualification(s)

Qualification: Critical Care Nursing

Tertiary Institution: JG Strydom, Ann Latsky College

Date obtained: 1991

Qualification: Diploma General Nursing

Tertiary Institution: JG Strydom, Johannesburg

Date obtained: 1988

Skills

Critical Care Nursing; Trauma management; ACLS certified' (Expired booked to renew on 26 Feb-2015) Computer Literate

Greatest achievements over the past year

Stepping onboard as Unit Manager in a very challenging ICU set up. Getting systems in place and reducing incidents in the unit by actively doing risk assessment, action plans and implementation thereof ensure safe and effective patient management

Personal strengths

*Leading, Delegating, organizing and management. Get to get systems in place.
Identification of problems, follow up and correcting
Knowledgeable in ICU and Trauma skills and theory*

Career aspirations

*Interested in achieving Masters Degree in critical care or CTS degree
Interested in new challenges.*

References:

L. Kidd

L. Bernado:

G. Spiers

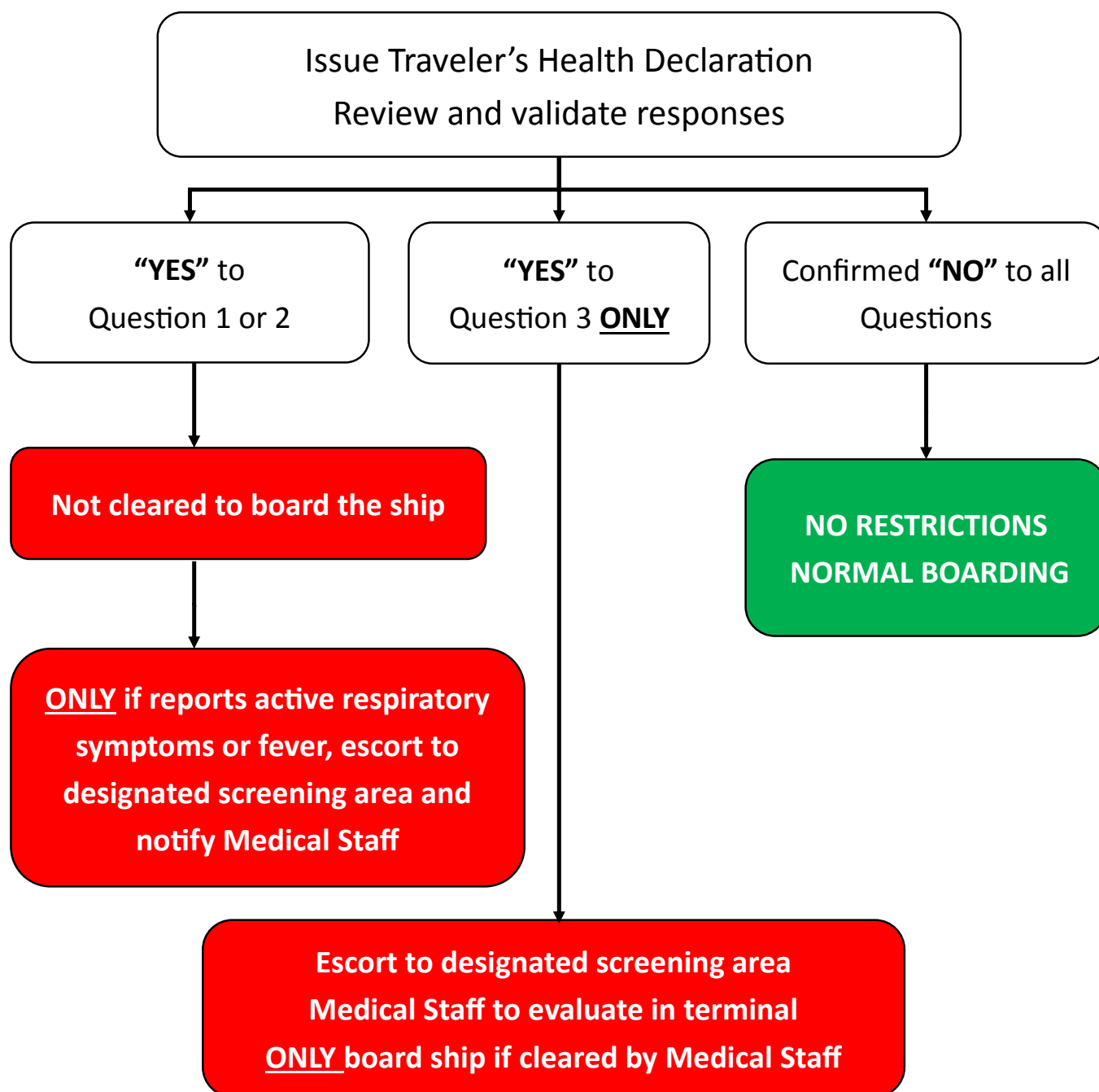
M. Olivier

Dr. L. Marx

Mobility

100% mobility if the challenge and money is worth the relocation

Terminal Screening for Coronavirus (COVID-19)



PERSONS THAT ARE NOT CLEARED TO BOARD THE SHIP

Q1. Persons who have traveled from or through China, Hong Kong, Macau, South Korea or a location currently subject to lockdown (quarantine) measures by government health authorities (including transiting through an airport in these locations) in the last 14 days.

Q2. Persons who report contact with a suspected or confirmed case of COVID-19, or a person under monitoring in last 14 days.

Q3. Persons who traveled from or through an affected area **AND** also who have fever (reported or measured) or respiratory symptoms in the last 14 days.

no symptoms
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>8.3.20</u>	Ship: <u>Ruby Princess</u>
Port: <u>Sydney</u>	Guest Cabin: <u>R244</u>
Name: <u>Steven Patrick</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>
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: _____	HEA/01/2020 Rev4 2020-2: V6 (Guest/Crew - CoV AUS)

C. Bosman
Rel

Bosman

8-MAR-2020
OK To Board

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-Mar-2020

Patient Last Name, First Name: Patrick, Steven

Patient DOB (DD/MMM/YYYY): _____

Country of Residence: _____

Crew ID / Guest Cabin Number: R244

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>

asymptomatic
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: 8/3/2020 Ship: Ruby Princess
 Port: Sydney Guest Cabin: L-219
 Name: K. WHITEHOUSE 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
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 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. Gorman
RO

OK to Board

8-MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8, Mar - 2020

Patient Last Name, First Name: Whitehouse KV

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: 1219

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]

A-Symptomatic
No other Countries IP

227

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: 2239
 Name: HELEN JACKLEY Crew ID: _____

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

1. _____ 3. _____
 2. N/A 4. N/A

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 not true 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. Basman
RN

OK to Board
Basman 8 MAR 2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date:

8-Mar-2020

Patient Last Name, First Name:

Helen, Buckley

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number:

L239

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
---	--

Medical Staff Name:

C. Bosman

Rank:

RN

Date of Assessment:

8-Mar-2020

Signature:

Bosman

No other countries in

368

Traveller's Health Declaration - AUSTRALIA	
<i>Must be completed prior to boarding by ALL persons age 18 and above, one form per adult</i>	
Date: <u>08.03.2020</u>	Ship: <u>Ruby Princess</u>
Port: <u>SYDNEY</u>	Guest Cabin: <u>D412</u>
Name: <u>DZARUK ANDREAS</u>	Crew ID: <u>[REDACTED]</u>
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)?	<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"/>	<i>If YES then please check all that apply</i>
<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: <u>[REDACTED]</u>	Home Ph./Mobile: <u>[REDACTED]</u>
Signature: <u>[REDACTED]</u>	
For Official Use Only: Form Validated: <input type="checkbox"/> Initials: _____	
HEA/01/2020 Rev4 2020-2: V6 (Guest/Crew-CoV AUS)	

C-Bosman
RWOK to Board
Jensen

2019 8-MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-MAR-2020

Patient Last Name, First Name: DZAARK, Andreas

Patient DOB (DD/MMM/YYYY): _____

Country of Residence: _____

Crew ID / Guest Cabin Number: D 412

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 <input type="checkbox"/> Not clinically assessed
If Yes, please give details:	

Medical Staff Name: C. Bosman Rank: PN

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

... international
No other countries I

365

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: 0412
 Name: MOTYLAK Crew ID: UAVS-01523
 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 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 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 obtained by us will be treated in accordance with our Privacy Policy.

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

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

C. Bosman
RN

Gesman

On to Board
8-MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date:

8-MAR-2020

Patient Last Name, First Name:

Motylak - Diab

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number:

D412

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:

PN

Date of Assessment:

8-MAR-2020

Signature:

Bosman

asymptomatic
No other countries in

365

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: B619
 Name: JOAN BROWN Crew ID: _____

Names of any children under the age of 18 travelling 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 ☐
2 hrs 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. Brown
RW

OK to Board
8 MAR 2020

8 MAR 2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8, Mar-2020

Patient Last Name, First Name: Brown, Jean

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: 8619

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. Rosman

Rank: RN

Date of Assessment: 8, MAR-2020

Signature: [Signature]

copy - information
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 person

Date: 8TH MAR 2020 Ship: Ruby Princess
 Port: SYDNEY Guest Cabin: B 619
 Name: JOHN CARROLL 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 hrs 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: _____ Name Ph./Mobile: _____
 Signature: _____

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

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

C. Bosman
 RO

OK to Board
 Bosman

8-MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date:

Patient Last Name, First Name:

Caird - Jehn

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number:

8619

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:

EN

Date of Assessment:

8/MAR-2020

Signature:

Bosman

Asymptomatic
No other countries ID

371

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>1230</u>
Name: <u>SALLY BARRON</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>
<u>(1 1/2 hour)</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. Rosman
RN

On p Board
8-MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date:

8 MAR 2020

Patient Last Name, First Name:

Gowley - Sally

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? • 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:

Beaman

Asymptomatic
No other countries ID

371

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>8/13/20</u>	Ship: <u>Ruby Princess</u>
Port: <u>Sydney</u>	Guest Cabin: <u>E116</u>
Name: <u>Suzie Wright</u>	Crew ID: _____
Names of any children under the age of 18 traveling with you.	
1. <u>Sophie Wright</u>	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 type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/>	<small>If YES then please check all that apply</small>
<u>45 min In Transit</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: _____	
For Official Use Only: Form Validated: <input type="checkbox"/> Initials: _____	HEA/01/2020 Rev4 2020-2: V6 (Guest/Crew - CoV AUS)

C. Bosman
Rat

On to Board
8-MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-MAR-2020

Patient Last Name, First Name:

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? • 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]

asymptomatic
NO OTHER COUNTRY'S IRO

35-8

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>R244</u>
Name: <u>June Patrick</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>
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. Beonieu
RN

Beonieu

8 MAR 2020
OK TO Board.

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8 - MAR - 2020

Patient Last Name, First Name: Patrick, JUNE

Patient DOB (DD/MMM/YYYY): _____

Country of Residence: Ra44

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? • 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: <u>C. Bosman</u>	Rank: <u>EN</u>
Date of Assessment: <u>8 - MAR - 2020</u>	Signature: <u>[Signature]</u>

no symptoms

No other country's IR

371

Traveller's Health Declaration - AUSTRALIA	
Must be completed prior to boarding by ALL persons age 18 and above, one form per adult	
Date: <u>08 MAR 2020</u>	Ship: <u>Ruby Princess</u>
Port: <u>SYDNEY</u>	Guest Cabin: <u>D529</u>
Name: <u>S.E.A. MORRIS</u>	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)?	<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 If YES then please check all that apply
Italy <input type="checkbox"/> Japan <input type="checkbox"/> Singapore <input checked="" type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/>	
<u>1 hour 40 min - Singapore transit</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. 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: McKris J.B.A.

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: D 529

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]

14 - symptomatic

No other Countries to

367.

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: C231
 Name: Susan Hewson 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 ☐

(3 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? ☐ 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
RNOK to Board
Seaman
8 MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date:

8-MAR-2020

Patient Last Name, First Name:

Hewsen-Susan

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number:

C231

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:

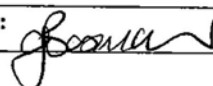
C. Bosman

Rank: EN

Date of Assessment:

8-MAR-2020

Signature:



Asymptomatic
No other countries to 31'

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: C231
 Name: Brian Hewson 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 ☐
 (3 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? ☐ 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. Besman Olt to Board
 RN Besman 8 MAR 2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-MAR-2020

Patient Last Name, First Name:

Patient DOB (DD/MMM/YYYY):

Country of Residence: C

Crew ID / Guest Cabin Number: C231

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: PN

Date of Assessment: 8-MAR-2020

Signature: [Signature]

asymptomatic
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: 8/3/20 Ship: Ruby Princess
 Port: Sydney Guest Cabin: D420
 Name: Michael Cox 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 1/2 Singapore*

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)

7 Bosman
ra
Ok to Board

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8 MAR 2020

Patient Last Name, First Name: Cot, Michael

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: D420

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: C. Boman	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Not clinically assessed
--	--

Medical Staff Name: J

Rank: RN

Date of Assessment: 8-MAR-2020

Signature: J. Boman

no other countries JD

364

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: L219
 Name: CHRIS WHITEHOUSE 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 ☐ 2 hours transit 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. Besman
 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:

Whitehouse, Chris

Patient DOB (DD/MMM/YYYY):

Country of Residence:

USA

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? • 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

No other countries to

37.

Traveller's Health Declaration - AUSTRALIA

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

Date: 8/3/20 Ship: Ruby Princess
 Port: Sydney Guest Cabin: E116
 Name: Lucy 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 ☐
hr

☒ 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: _____
 Signature: _____

For Official Use Only Form Validated: ☐ Initials: _____

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

C. Besman
 RN

Ok to board
 Besman 8 MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8 MAR-2020

Patient Last Name, First Name:

Patient DOB (DD/MMM/YYYY):

Country of Residence:

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
• 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:

Rank:

Date of Assessment:

Signature:

77 - 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: Sydney Guest Cabin: E116
Name: Sophie Wignall 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 ☐
15 minutes through 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. Basman
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: Wright, Sophie

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? • 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. Boorman Rank: RN

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

copy - previous
No other country's ID

378

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: DH20
 Name: Shelda Cox 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

transit 1 1/2 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. Rosmer
OK To Board

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8. MAR-2020

Patient Last Name, First Name: Cox, Sheikh

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: D420

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
---	--

Medical Staff Name: C. Bosman

Rank: RN

Date of Assessment: 8 MAR-2020

Signature: [Signature]

Do other Country's 20

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: L 232 / 1f
 Name: Cecile Bailey 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 through 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 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. Besman
DN

Besman

8 MAR 20
OK TO Board

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8. MAR-2020

Patient Last Name, First Name: Bailey Card

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: L232

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
---	--

Medical Staff Name: C. Bosman

Rank: RN

Date of Assessment: 8. MAR-2020

Signature: [Signature]

no other country's 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: 8th MARCH 2020 Ship: Ruby Princess
 Port: SYDNEY Guest Cabin: 2232/1F
 Name: LESLIE SEAL 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 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. Bosman
RA*

James

*8 MAR 20
OK TO Board*

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8. MAR. 2020

Patient Last Name, First Name: Seal heslie

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: L 230

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
---	--

Medical Staff Name: C. Bosman

Rank: RN

Date of Assessment: 8 MAR 2020

Signature: [Signature]

copy of passport
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: 8.3.20 Ship: Ruby Princess
 Port: SYDNEY Guest Cabin: 618
 Name: DOROTHY EAKINS 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: _____ Ph./Mobile: _____
 Signature: _____
 For Official Use: _____ Initials: _____

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

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

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-MAR-2020

Patient Last Name, First Name: Gaskins Dorothy

Patient DOB (DD/MMM/YYYY): _____

Country of Residence: _____

Crew ID / Guest Cabin Number: 1218

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

NO OTHER COUNTRY'S ZP 371

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: Singapore Guest Cabin: D603
 Name: KERRY PRINGLE 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 ☐

Must have 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 Valued at: _____ Initials: _____

HEA/01/2020 Rev4
2020-2: V5 (Guest/Crew - CoV AUS)

C. Bosman RN *8 MAR 2020* *OK To Re-1*

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8-MAR-2020

Patient Last Name, First Name: Pinye Keny

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: D 603

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]

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: 8-3-2020 Ship: Ruby Princess

Port: SYDNEY Guest Cabin: L239

Name: MARTHA DICKIE 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 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 not true 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. Boorman
RM

On to Board
8-MAR-2020

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date: 8 MAR 2020

Patient Last Name, First Name: DIUZI E, Nathan

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number: W239

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]

C. Bowman
RN

Novel coronavirus (2019-nCoV) patient investigation form

Today's Date:

8 MAR 2020

Patient Last Name, First Name:

Wright; Slater

Patient DOB (DD/MMM/YYYY):

Country of Residence:

Crew ID / Guest Cabin Number:

D415

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 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:

