

# TO ALL TRAVELERS WITH MS NORRØNA



## Mandatory questionnaire for all guests traveling with MS Norrøna.

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

- |   | YES                   | NO                    |
|---|-----------------------|-----------------------|
| 1. Have you visited any of countries in the HIGH RISK group within the past 3 weeks ?   | <input type="radio"/> | <input type="radio"/> |
| 2. Within the last 14 days, have you had contact with any person who has been tested positive for an infection with the COVID-19/coronavirus? | <input type="radio"/> | <input type="radio"/> |
| 3. Have you had any symptoms of illness (such as cough, sniffles, sore throat or fever) in relation to the above questions?                   | <input type="radio"/> | <input type="radio"/> |

## Please complete the following information in block letters:

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Address / Street: \_\_\_\_\_

Postcode / ZIP: \_\_\_\_\_

City/Country: \_\_\_\_\_

Phone number: \_\_\_\_\_

Booking number: \_\_\_\_\_

Date, Place: \_\_\_\_\_ Signature: \_\_\_\_\_

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

## IMPORTANT:

Bring this filled-in and signed document in print to the Check in.  
If you have answered any of the above questions with a "YES" or have not completed the questionnaire, you will not be allowed to travel with MS Norrøna.