



Royal Caribbean Group

Health Questionnaire

Date _____ Ship _____ Guest Name _____ Stateroom # _____

Please list **any additional guests travelling in your party**

Guest Name (s) _____ Stateroom # _____
 Guest Name (s) _____ Stateroom # _____
 Guest Name (s) _____ Stateroom # _____
 Guest Name (s) _____ Stateroom # _____
 Guest Name (s) _____ Stateroom # _____

In the last 14 days, have you experienced any significant:		
	YES	NO
Headaches (Secondary Screening)		
Cough (Secondary Screening)		
Nasal Congestion (Secondary Screening)		
Fatigue/Muscle Aches (Secondary Screening)		
Sore Throat		
Fever/Chills (Temperature above 100.4°F, 38°C)?		
Difficulty Breathing		
Sudden loss of taste/smell		
Nausea/Vomiting		
Diarrhea		
Will you be more than 23 weeks pregnant any time during the cruise?		
In the last 14 days, have you been in contact with anyone who has influenza, pneumonia, or SARS-CoV-2?		

1. Are you able to comply with the RCG Face Mask Policy?

YES NO

2. Did the guest mistakenly answer yes on the health questionnaire in the app?

YES NO

Specify symptom(s): _____