

Health Declaration Covid-19 – v11 passengers

Déclaration de santé Covid-19 — v11 passagers

This form must be completed within 2 days prior to boarding and must be given to the ship's physician the day of boarding in a closed envelope. The information it contains is protected by the strictest confidentiality and is subject to the sole discretion of the ship's physician.

Ce questionnaire doit être renseigné dans les 2 jours précédant votre embarquement, et à remettre sous pli fermé au médecin de bord le jour de l'embarquement. Les renseignements qu'il contient sont protégés par la plus stricte confidentialité et soumis à la seule appréciation du médecin de bord.

First & Last Name (as it appears on your passport):

Nom & Prénom (comme indiqué sur le passeport):

Stateroom #:

N° de cabine:

Boarding Port:

Port d'embarquement:

Date:

Ship Name:

Votre navire:

m/s Paul Gauguin

L'Austral

Le Boreal

Le Lyrial

Le Soleal

Le Bellot

Le Bougainville

Le Champlain

Le Dumont D'urville

Le Laperouse

Le Jacques Cartier

In order to protect the health and safety of everyone on board, we require you to answer the following questions:

Pour nous aider à protéger la santé et la sécurité de tous à bord, nous exigeons de répondre aux questions suivantes:

	YES (Oui)	NO (Non)
<p>1. Have you tested positive for coronavirus (COVID-19) RT-PCR test in the past six months? <i>Dans les 6 derniers mois avez-vous été testé positif pour une infection au (COVID-19) RT-PCR test?</i></p> <p>If "Yes," please provide date of test: <i>Si «Oui», a quelle date:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. In the last six months, have you tested positive for the antibodies of the coronavirus (COVID-19)? <i>Dans les 6 derniers mois avez-vous été testés positif par un test sérologique (recherche d'anticorps) pour le coronavirus (COVID-19)?</i></p> <p>If "Yes," please provide date of test: <i>Si «Oui», a quelle date:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Have you been vaccinated against COVID-19 for greater than 15 days? <i>Etes-vous vacciné contre le COVID-19 depuis plus de 15 jours?</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. If you did not answer "yes" to one of the previous questions, did you remain in confinement for 10 days before your embarkation date? <i>Si vous n'avez pas répondu «Oui» à une des 3 questions précédentes, avant votre embarquement avez-vous respecté un confinement strict de dix jours?</i></p>		
<p>5. Have you been in contact with anyone who has the coronavirus (COVID-19), either possibly or confirmed, in the past two weeks? <i>Depuis les quinze derniers jours, avez-vous été en contact avec une personne atteinte du COVID-19, possible ou confirmée?</i></p>	<input type="checkbox"/>	<input type="checkbox"/>

6. Have you exhibited any of the following symptoms in the past two weeks?

Durant les quinze derniers jours, avez-vous eu les symptômes suivants?

Fever / Fièvre

Stuffy nose, dripping, cold / Nez bouché, dégoulinant, enrhumé

Cough / Toux

Chest Pain / Douleurs thoraciques

Shortness of breath / Essoufflement

Fatigue / Fatigue

Diarrhea / Diarrhée

Vomiting / Vomissement

Loss of taste or smell / Perte du goût ou de l'odorat

Yes
Oui

No
Non

Date problem started:

Date du début du problème:

7. Have you received information and guidance on standard health protection measures and precautions in relation to the coronavirus (COVID-19)?

Avez-vous reçu des informations et des conseils sur le coronavirus (COVID-19), notamment sur les mesures de protection sanitaire habituelles?

YES
(Oui)

NO
(Non)

8. Do you understand and agree to comply with the necessary standard health protection measures, such as proper hand washing and social distancing, to prevent the spread of the coronavirus (COVID-19)?

Avez-vous compris et respectez-vous les mesures et précautions standard applicables pour prévenir la propagation du coronavirus (COVID-19), telles que le lavage des mains, une distanciation sociale appropriée?

I, the undersigned _____ certify on my honor that I have faithfully answered this questionnaire.

Je soussigné(e)

(PLEASE PRINT)

toute loyauté à ce questionnaire.

Signature

Date

Location Post Disembarkation

Carte de localisation

To protect your health and the health of others, you will need to complete the following questions regarding your location for 14 days after disembarking the ship, if you are not returning directly home. If a communicable disease were suspected to have been present aboard the ship, public health officers would contact you to find out if you have been exposed. This information is held in accordance with the law, and is used only for public health purposes.

Pour protéger votre santé et celle des autres, les agents de santé publique vous demandent de répondre aux questions suivantes. Chaque fois qu'ils soupçonneront une maladie transmissible à bord d'un navire, vos informations aideront les agents de santé publique à vous contacter si vous avez été exposé. Il est important de nous dire où vous résidez en quittant le navire si vous ne rentrez pas directement à domicile. Ces informations sont destinées à être conservées conformément aux lois en vigueur et utilisées uniquement à des fins de santé publique.

Temporary Address(es): (DATE, CITY, COUNTRY, PHONE)

Adresse(s) temporaire(s): (DATE, VILLE, PAYS, TÉL.)

Companions:

Vos accompagnants:

Emergency Contact's Phone#:

Contacts d'urgence (tél.):

In accordance with the "General Data Protection Regulation" or "GDPR", the information collected in the form is recorded in a computerized file by PONANT for the strict needs of your file. The legal basis for the processing is your consent. The data collected will be communicated to the controller of the processing, PONANT, as mentioned on this document. The data will be kept for the conservation period necessary for the purpose of the processing and the needs of your cruise. You may access your data, rectify them, request their deletion or exercise your right to limit the processing of your data at any time. You may withdraw your consent to the processing of your data at any time. To exercise these rights or if you have any questions about the processing of your data, you can contact the data protection officer at vieprivee@ponant.com, or consult our personal data protection policy on our website www.ponant.com. PONANT takes measures in accordance with the uses and the state of the art to ensure the security and confidentiality of data in accordance with the aforementioned legislation. Consult the cnil.fr website for more information on your rights.

Conformément aux dispositions de la loi Informatique et Libertés du 6 janvier 1978 et du Règlement Européen n° 2016/679 du 27 avril 2016 dit « Règlement Général sur la Protection des Données » ou « RGPD », les informations recueillies sur ce formulaire sont enregistrées dans un fichier informatisé par PONANT pour les besoins stricts de la gestion administrative de votre dossier. La base légale du traitement est votre consentement. Les données collectées seront communiquées au seul destinataire et responsable du traitement, l'entité PONANT, telle que mentionnée sur ce document. Les données sont conservées pendant la durée de conservation nécessaire pour la finalité du traitement et les besoins de votre croisière. Vous pouvez accéder aux données vous concernant, les rectifier, demander leur effacement ou exercer votre droit à la limitation du traitement de vos données. Vous pouvez retirer à tout moment votre consentement au traitement de vos données. Pour exercer ces droits ou pour toute question sur le traitement de vos données dans ce dispositif, vous pouvez contacter notre délégué à la protection des données à l'adresse suivante : vieprivee@ponant.com, ou consulter notre politique de protection des données personnelles sur notre site www.ponant.com. PONANT prend les mesures conformes à l'état de l'art afin d'assurer la sécurité et la confidentialité des données conformément aux dispositions de la loi précitée. Consultez le site cnil.fr pour plus d'informations sur vos droits.

Useful links:

Liens utiles

World Health Organization: <https://www.who.int/fr>

Organisation Mondiale de la Santé

French Public Health Agency: <https://www.santepubliquefrance.fr>

Agence française de santé publique

Mandatory Health Questionnaire

PONANT cruise — Adult over 16 years

Part 1 — Medical questionnaire to be completed by the passenger

Part 2 — Medical questionnaire to be completed by the attending physician (optional)

Navigation aboard cruise ships of the Compagnie PONANT will allow you to reach remote areas. The organization of medical evacuation is a challenge at sea. A medical team made up of a nurse and a doctor will be on board to provide medical assistance in the event of an acute illness especially in current epidemiologic context.

Thus, the on-board medical team needs complete information about your general health.

The cruises are not authorised for children under 1 year of age due to its limited paediatric medical staffing.

Pregnant women over 3 months old are not allowed due to the impossibility of neonatal care.

Compagnie du PONANT reserves the right to refuse access to the cruises to any passenger considered by PONANT's doctors or his own doctor to have a state of health incompatible with them. In addition, the company requires each passenger complete this form in advance and present to the medical team at the time of embarkation.

Health data is transmitted in strict compliance with medical confidentiality.

Dr Anne-Marie Carpentier
PONANT Medical Director

Name & Surname : underage child, parent's name:	Date of birth :
Boarding port :	N° mobile phone :
Your ship <input type="checkbox"/> m/s <i>Paul Gauguin</i>	

Part 1 — Personal statement

To fill by the passenger

SECTION 1 – Medical history	Yes	No
Do you have or have you ever had one of the following diseases or symptoms?		
Are you vaccinated against Covid 19 ?	<input type="checkbox"/>	<input type="checkbox"/>
Infectious disease, parasitic or immune system: especially as a result of the Covid 19 disease	<input type="checkbox"/>	<input type="checkbox"/>
Heart defect, myocardial infarction, high blood pressure, pulmonary embolism or any other disease of the cardiovascular system?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes, hypercholesterolemia, thyroid disorder or any other disease of the endocrine system or the metabolism?	<input type="checkbox"/>	<input type="checkbox"/>
Anemia, coagulation abnormality, leukemia or any other blood disease?	<input type="checkbox"/>	<input type="checkbox"/>
Depression, anxiety disorder or any other psychiatric disease?	<input type="checkbox"/>	<input type="checkbox"/>
Cerebrovascular accident, epilepsy or any disease of the nervous system or the muscles?	<input type="checkbox"/>	<input type="checkbox"/>
Chronic bronchitis, asthma, COPD or any other disease of the respiratory system?	<input type="checkbox"/>	<input type="checkbox"/>
Disease of the digestive system, liver or from abdomen?	<input type="checkbox"/>	<input type="checkbox"/>
Disease of kidney or any other disease of the urogenital system (kidney failure, renal colic, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Sciatic, arthrosis or any other disease of the bones, the articulations or auto-immune disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Benign tumour and/or malignant?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2 – Surgical history	Yes	No
Have you ever been injured? or had surgery in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
In case of head trauma, please advise if there has been a coma or loss of consciousness, its duration and any side-effects:		

If you have answered YES to one of the questions of section 1 and/or 2: What disease, operation, accident is involved? When? Duration? Side-effects? Comments.

Name & Surname:

Date of your cruise :

SECTION 3 : Current medical situation

Are you currently a medical treatment?

Please join your medical prescription to the medical file or list them precisely

Are you receiving medical care?

Which ones ?

Why ?.

SECTION 4 : Activities

Do you practise any sports?

What is your physical condition to track activities?

How far can you walk?

I certify that I have answered the above questions sincerely and that I have not concealed anything. The personal medical data are used exclusively for the file processing, by the on-board doctor and the doctor of the medical directorate at the company headquarters. The medical council grants itself the right to refuse your boarding if risks are taken for you or other passengers.

Place and date:

Signature:
