



Health Questionnaire

One form per person (including children) must be returned by email to medical.service@aranui.com at the CPTM Company (ARANUI), 5 days before boarding, if this document is not received on time, your boarding could be refused. The airlines companies have also received the instructions from the Polynesian Government to get the medical certificate.

Date: _____

Last Name: _____

First Name: _____

Cabin Number: _____

Name (s) of all children under 18 traveling with you

Due to the ongoing epidemics, including the Corona Virus, and to ensure the health and safety of passengers and crew onboard, we ask you to answer the following questions:

1. Have you personally, or anyone referred to above, had a fever or fever in addition to any of the following symptoms: cough, runny nose or sore throat, difficulty breathing?

YES NO

2. In the past 3 days, have you personally, or any of the above, developed symptoms of diarrhea or vomiting?

YES NO

3. Have you taken a trip outside your country of residence in the past month?

YES NO

If you answer YES please specify below the name of each country visited the past month.

I certify that the above statement is true and correct. I understand that bad faith responses can have serious public health consequences and I enclose a medical certificate attesting to the apparent absence of viral disease 5 days before boarding

I declare that all above information are correct and truth

Signature :

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SAS ARANUI CRUISES

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