

DCL Crew Pre-Travel COVID-19 Screening Form

To promote your health and well-being, and that of others, you are required to complete the following COVID-19 Screening Form before traveling to embark a Disney Cruise Line ship or Castaway Cay.

SECTION I – CREW MEMBER INFORMATION <i>Instructions: PRINT your Name, Personnel Number, Position, and Country of Departure below.</i>			
Crew Member Name			
Crew Member Personnel Number			
Position			
Country of Departure			
SECTION II – DURING THE LAST 14 DAYS, HAVE YOU EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS? <i>Instructions: Check "YES" or "NO" for each question below.</i>			
1	Cough	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Fever (100.4 or 38C or higher) or feel feverish	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Difficulty Breathing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Muscle or Body Aches	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Chills or Repeated Shaking with Chills	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	Diarrhea	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7	Sore Throat	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8	Headache	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9	New Loss of Taste or Smell	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10	Congestion or Runny Nose	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11	Nausea or Vomiting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12	Fatigue	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13	Have you identified as a close contact of anyone diagnosed as having COVID-19 in the past 14 days? "Close contact" means being at a distance of less than six feet for more than 15 minutes in any 24 hour period.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NOTE: If you answered "YES" to any of the questions in Section II, contact your Labor Manager and await further guidance.			
SECTION III – HAVE YOU TESTED POSITIVE FOR COVID-19? <i>Instructions: Check "YES", "NO" or "N/A" for the question below.</i>			
1	Have you ever tested positive for being infected with COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If you Answer YES: Date of test (mm/dd/yyyy): / / Location of test: _____ ***Please obtain or retain documentation of positive tests and send a copy to Shoreside Medical Services***		
NOTE: If you answered "YES" to the question in Section III, contact Shoreside Medical Services at DCL-Crew.Medical.Services@disney.com and await further guidance. Please email positive test results to DCL-Crew.Medical.Services@disney.com or fax to 407-566-7552 for review.			

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SECTION III –HAVE YOU TESTED POSITIVE FOR COVID-19? <i>Instructions: Check "YES", "NO" or "N/A" for the question below.</i>			
1	Have you received any COVID-19 vaccines?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<p>If you Answer YES:</p> <p style="margin-left: 40px;">Date of first dose (mm/dd/yyyy): / /</p> <p style="margin-left: 40px;">Date of second dose (mm/dd/yyyy): / /</p> <p style="margin-left: 40px;">Name of vaccine: _____</p> <p>***Please send a copy of your vaccine card to Shoreside Medical Services***</p>		
<p>NOTE: If you answered "YES" to the question in Section IV, contact Shoreside Medical Services at DCL-Crew.Medical.Services@disney.com and provide a copy of your vaccine card.</p>			
SECTION IV – ADDITIONAL SCREENING QUESTIONS <i>Instructions: Check "YES" or "NO" for each question below.</i>			
1	Do you understand and agree to comply with all safety and public health protocols and measures implemented by Disney Cruise Line to prevent the spread of COVID-19, such as wearing a face covering, proper hand washing, coughing etiquette, appropriate physical distancing and regular COVID-19 testing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Did you comply with all applicable health protection measures and precautions while at home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Do you agree to comply with all applicable health protection measures and precautions during your travels?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	<p>COVID-19 is caused by infection with a new coronavirus (called SARS-CoV-2). An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. As stated by the Center for Disease Control and Prevention (CDC), especially older adults and people of any age having underlying or medical condition/s such as Cancer, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease (COPD), Immune Compromised State (Organ transplant, HIV, Corticosteroid Use, Immune weakening medicines), Obesity (Body Mass Index (BMI) >30), Serious Heart Conditions, Sickle Cell Disease, Diabetes Mellitus, Asthma, Cerebrovascular Disease, Cystic Fibrosis, High Blood Pressure, Neurologic Conditions, Liver Disease, Pregnancy, Pulmonary Fibrosis, Smoking, Thalassemia or other conditions could be put at increased risk for severe illness from COVID 19. Please refer to the below website(s) for more information.</p> <p style="margin-left: 40px;"> http://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html https://www.who.int/ https://www.ecdc.europa.eu/en/covid-19-pandemic </p> <p>If you have any questions or concerns regarding working at sea, please consult with your examining physician.</p> <p>Please confirm you have reviewed this information</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>NOTE: If you answered "NO" to any of the questions in Section IV, contact your Labor Manager and await further guidance.</p>			

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SECTION V – CREW MEMBER DECLARATION

Instructions: Read, sign and date the declaration below and e-mail the completed form to your Labor Manager.

Signing this form certifies that the above declarations are true and correct.

Crew Member Signature

Today's Date