

蓝梦邮轮登船确认表

BOARDING CONFIRMATION

姓名name: 手机号码handphone:
房间号room no.: 紧急联系人电话emergency contact:

一、登轮时身体情况

Physical condition at boarding the CRUISES

为确保您的登轮安全，烦请您完成以下健康相关信息的填报，您是否存在以下症状？请在对应的方框内划“√”，未成年人由随行监护人填写。

To ensure your boarding safety, please complete the following health-related information. Do you have the following symptoms? Please mark "√" in the corresponding box, and the minor shall be filled in by the accompanying guardian.

- 1、在过去24小时内，您是否出现以下任何症状：发烧、寒战、肌肉疼痛、身体疼痛、疲劳、喉咙痛、鼻塞、流鼻涕、咳嗽、呼吸困难、味觉或嗅觉丧失、恶心、呕吐或腹泻？
Yes 是 No否

In the past 24 hours, have you experienced any of the following symptoms: fever, chills, muscle pain, body aches, fatigue, sore throat, nasal congestion, runny nose, cough, difficulty breathing, loss of taste or smell, nausea, vomiting, or diarrhea? Yes 是 No否

- 2、在该航行期间，您是否怀孕超过24周？ Yes 是 No否

Will you be more than 24 weeks pregnant at any time during your cruise? Yes 是 No否

如果回答“是”，将不能登轮

If the answer is 'yes', you may not be able to embark.

一、日本入境申报

DISEMBARKATION CARD FOR FOREIGN NATIONALS (CRUISE SHIP TOURISTS)

请检查适用项并[]内打勾。

Please check the applicable items.

1. 你曾被中国驱逐出境吗？您是根据出发令从中国出发，还是你曾被拒绝入境？ Yes 是 No否
Have you ever been deported from China? Did you depart pursuant to a departure order, or have you ever been refused entry to China? Yes 是 No否
2. 你在中国或其他国家的刑事案件中被判有罪吗？ Yes 是 No否
Have you been convicted in criminal cases in China or other countries? Yes 是 No否
3. 你现在持有毒品，如大麻、鸦片、或其他含兴奋剂的物质吗？携带枪支、弩、刀剑、炸药或其他类似物质？ Yes 是 No否
Do you currently possess any drugs, such as marijuana, opium, or other stimulant-containing substances? Are you carrying firearms, crossbows, swords, explosives, or other similar items? Yes 是 No否

本人承诺如实填报以上事项，如有不实，愿意承担由此引起的任何个人、他人以及集体的人身、财产损失及由此产生的任何法律责任和相关的费用。

I hereby pledge to truthfully report the above-mentioned matters. If any information provided is found to be false, I am willing to bear any personal, third-party, or collective bodily or property losses, as well as any legal liabilities and associated expenses arising therefrom.

签名Signature:

日期 Date:

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