

# Cuestionario Vacunación



Carnival  
**CHOOSE FUN**

A red funnel graphic is positioned at the bottom right of the 'FUN' text, pointing upwards towards the letter 'U'.

- Ingresar a la liga:

<https://www.carnival.com/profilemanagement/accounts/login?booked=true&returnUrl=%2Fbooked%2Fredirect%3Fgoal%3Dmybooking>

- Crear cuenta

## CREATE AN ACCOUNT

E-mail Address

 

E-mail/username is required

Password

 

**SIGN UP**

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Already have an account? [Log In](#)



## COMPLETE YOUR PROFILE

Please fill out the fields below to complete your profile.

First Name

Last Name

Date of Birth

Month ▼	Day	Year
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Gender

Country of Residence

Phone Number

I am working with a travel agent.

I would like to receive e-mails with special offers and/or information about my cruise from Carnival.

I accept [Carnival's Terms & Conditions](#)

- Ingresar información del pasajero y seleccionar todas las opciones de abajo



- Dar click en Manage booking

**UPDATE** hide advisory 

Stay up-to-date on [cancelled cruises](#), [travel advisories](#) and [health protocols](#).

 [Today's Deals](#) |  |  | 1.800.764.7419

[Explore](#) | [Plan](#) | [Manage](#) Hi, PAOLA | [Logout](#)  saved 

**ONLY** 10  
HRS 18  
MIN 39  
SEC **LEFT** ENDS TODAY ▶

- Ingresar booking y apellido

## ADD A BOOKING

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Booking #  Last Name of Guest  This booking will be saved to your profile.

 [Add another](#)

- Ingresar a Vaccination survey
- Llenar formulario por todos los pasajeros

## BEFORE YOU GO

# My To-do List

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### Vaccination Survey for booking #J27LZO

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### Online Check-In for booking #J27LZO

Available on Jul 17, 2021

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### Print Documents for booking #J27LZO

### Health Assessment

 This questionnaire must be completed for all guests prior to boarding.

Please answer questions for all guests in your party or select guests v

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Health Assessment for [REDACTED]

Are you, or will you be fully vaccinated with a WHO or FDA authorized COVID-19 vaccine at least 14 days before boarding? Fully vaccinated means you received the final dose of a vaccine series at least 14 days before embarkation

Please select... v

I hereby attest and represent that the answers contained in this health declaration are true, correct, and complete. I understand my responses may be reported to public health authorities and medical personnel on the ship or ashore. I agree and fully acknowledge that providing false, misleading, or incomplete information may cause or contribute to an outbreak and life-threatening illness to certain persons, and will subject me to penalties, including but not limited to, denial of boarding, disembarkation at the first available opportunity at my sole expense, quarantine, suspension of onboard privileges, and/or denial of future bookings. Such deficient information may also make me civilly liable for injuries or losses to persons on board the ship, ashore, or in the communities visited. In the event that false or misleading information is provided on this health declaration, absolutely no refund, Future Cruise Credit nor compensation of any form will be offered in any circumstance. I further understand and acknowledge that willfully providing false or misleading information may lead to criminal fines or imprisonment under federal statutes, including 18 U.S.C. § 1001. I acknowledge that the health information I provide will be relied upon by ship's staff, medical personnel, fellow passengers and crew, as well as public health officials in the U.S. and the destinations visited; that inaccurate, false or incorrect information could cause or contribute to a public health crisis and potential civil liability for those impacted. I accept my obligation to fully, accurately and truthfully provide all requested information. [Read our Privacy & Cookies Notice.](#)

**Submit & Continue**

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Health Assessment for Jeanette Ariasmcnamara

Are you, or will you be fully vaccinated with a WHO or FDA authorized COVID-19 vaccine at least 14 days before boarding? Fully vaccinated means you received the final dose of a vaccine series at least 14 days before embarkation

Please select... v

I hereby attest and represent that the answers contained in this health declaration are true, correct, and complete. I understand my responses may be reported to public health authorities and medical personnel on the ship or ashore. I agree and fully acknowledge that providing false, misleading, or incomplete information may cause or contribute to an outbreak and life-threatening illness to certain persons, and will subject me to penalties, including but not limited to, denial of boarding, disembarkation at the first available opportunity at my sole expense, quarantine, suspension of onboard privileges, and/or denial of future bookings. Such deficient information may also make me civilly liable for injuries or losses to persons on board the ship, ashore, or in the communities visited. In the event that false or misleading information is provided on this health declaration, absolutely no refund, Future Cruise Credit nor compensation of any form will be offered in any circumstance. I further understand and acknowledge that willfully providing false or misleading information may lead to criminal fines or imprisonment under federal statutes, including 18 U.S.C. § 1001. I acknowledge that the health information I provide will be relied upon by ship's staff, medical personnel, fellow passengers and crew, as well as public health officials in the U.S. and the destinations visited; that inaccurate, false or incorrect information could cause or contribute to a public health crisis and potential civil liability for those impacted. I accept my obligation to fully, accurately and truthfully provide all requested information. [Read our Privacy & Cookies Notice.](#)

**Submit & Finish**



- Estas son las opciones que tienen cada pasajero.
- Estoy vacunado ( 14 días antes de la fecha de salida)
- No estoy vacunado y tengo carta excepción
- No estoy vacunado y no tengo carta de excepción
- Al escoger la opción 1 deberán presentar en el muelle el certificado de vacunación expedido
- Al escoger la opción 2 o 3 no se cancelara el booking Carnival deberá revisar si es viable o no que el pasajero aborde.

 This questionnaire must be completed for all guests prior to boarding.

Please answer questions for all guests in your party or select guests ▾

Health Assessment for [REDACTED]

Are you, or will you be fully vaccinated with a WHO or FDA authorized COVID-19 vaccine at least 14 days before boarding? Fully vaccinated means you received the final dose of a vaccine series at least 14 days before embarkation

No – I am not fully vaccinated, and I do not have a COVID-19 Vaccination Exemption Letter

Please select...

Yes

No – I am not fully vaccinated, but I have a COVID-19 Vaccination Exemption Letter

No – I am not fully vaccinated, and I do not have a COVID-19 Vaccination Exemption Letter

I agree and fully acknowledge that providing false, misleading, or incomplete information may cause or contribute to an outbreak and life-threatening illness to certain persons, and will subject me to penalties, including but not limited to, denial of boarding, disembarkation at the first available opportunity at my sole expense, quarantine, suspension of onboard privileges, and/or denial of future bookings. Such deficient information may also make me civilly liable for injuries or losses to persons on board the ship, ashore, or in the communities visited. In the event that false or misleading information is provided on this health declaration, absolutely no refund, Future Cruise Credit nor compensation of any form will be offered in any circumstance. I further understand and acknowledge that willfully providing false or misleading information may lead to criminal fines or imprisonment under federal statutes, including 18 U.S.C. § 1001. I acknowledge that the health information I provide will be relied upon by ship's staff, medical personnel, fellow passengers and crew, as well as public health officials in the U.S. and the destinations visited; that inaccurate, false or incorrect information could cause or contribute to a public health crisis and potential civil liability for those impacted. I accept my obligation to fully, accurately and truthfully provide all requested information. [Read our Privacy & Cookies Notice](#).

Submit & Finish

