



FIT TO TRAVEL PHYSICIAN'S FORM

Date: _____

Name of Patient: _____

To Royal Caribbean Cruises Ltd.,

The above-noted patient is seventy years old or above and wishes to sail onboard a Celebrity Cruises cruise ship departing on _____.

I hereby certify that this patient does not suffer from any chronic illness (e.g. heart, lung, liver or kidney disease or immunodeficiency status due to HIV/AIDS, cancer or diabetes) which would make this patient susceptible to complications arising after infection with the Novel Coronavirus (2019-nCoV)/COVID-19.

I attest that this person is fit to sail on a cruise vacation.

Regards,

Physician Signature

Physician Name

Registration Number