
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 Royal Caribbean Cruises Ltd. cruise ship departing on

Date of Departure

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 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,

Signature of Treating Physician



ROYAL CARIBBEAN CRUISES LTD.

記入例

13 MARCH, 2020

Date 記入日

TARO MIKI

Name of Patient 患者の氏名

To Royal Caribbean Cruises Ltd.,

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

23 MARCH, 2020

Date of Departure ご予約クルーズの出航日

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 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,

Hanako Royal

Signature of Treating Physician 医師のサイン



ROYAL CARIBBEAN CRUISES LTD.