

Crew Health Declaration

Name

Rank/Position

Nationality

Date of Birth

Vessel Name

Date

Have you experienced any of the following symptoms in the past 14 days? (Fever, Cough, Sore Throat, Shortness of Breath, Loss of Smell/Taste)

Have you had close contact with anyone with a confirmed COVID-19 diagnosis in the last 14 days?

Please provide details if any health condition reported above:

Signature