

Vessel Crew Health Declaration

Personal Details

Full Name

Rank/Position

Date of Birth

Nationality

Name of Vessel

Date of Joining Vessel

Health Information

Fever, cold, cough or sore throat in the past 14 days?

If yes, specify symptoms and dates

Close contact with suspected/confirmed infectious disease patients?

If yes, provide details

Currently under medication?

If yes, list medication

Declaration

I declare that the information provided is true and complete to the best of my knowledge.

Signature

Date