

Cargo Ship Pre-Boarding Medical Declaration Form

Personal Information

Full Name

Position/Rank

Nationality

Date of Birth

Passport/ID No.

Contact Number

Medical History

Do you have any existing medical conditions?

Are you currently taking any medications?

Have you experienced any of the following symptoms in the past 14 days?

Travel History

Have you traveled outside your country or been in contact with anyone diagnosed with an infectious disease in the past 14 days?

Declaration

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

Signature

Date