

COVID-19 Maritime Crew Health Declaration

Crew Member Information

Full Name

Rank/Position

Date of Birth

Nationality

Passport/Seaman's Book Number

Vessel Information

Vessel Name

IMO Number

Port of Arrival

Date of Arrival

Health Status

Have you had any of the following symptoms in the past 14 days? (Check all that apply)

☐

Fever

☐

Cough

☐

Shortness of Breath

☐

Sore Throat

☐

None of the above

Other symptoms or details

Exposure

Have you been in contact with a confirmed COVID-19 case in the past 14 days?

Have you visited any country with reported COVID-19 cases during the past 14 days?

If YES, list countries and dates of visit

Vaccination

Have you been vaccinated against COVID-19?

If YES, provide vaccine name and date(s) of vaccination

Additional Comments

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

Crew Member Signature

Date