

Maritime Joint Crew/Passenger Health Statement

Personal Information

Full Name

Date of Birth

Gender

Nationality

Passport/ID Number

Role on Ship

Contact Information

Email Address

Phone Number

Cabin/Room Number

Voyage Information

Vessel Name

Date of Embarkation

Date of Disembarkation

Port of Embarkation

Port of Disembarkation

Health Declaration

Current Health Status

Have you experienced any of the following symptoms in the last 14 days? (fever, cough, sore throat, difficulty breathing, loss of taste/smell, etc.)

Do you have any chronic illnesses?

Are you currently taking any medication?

If yes to any of the above, please provide details

Travel History (Last 14 Days)

List all countries and cities visited in the last 14 days

Have you been in contact with anyone diagnosed with an infectious disease in the last 14 days?

If yes, please provide details

Declaration

Signature

Date