

Offshore Platform Health Declaration

Personal Information

Full Name

Date of Birth

Position/Job Title

Employee ID

Contact Number

Offshore Platform Name

Recent Health Status

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

☐

Fever

☐

Cough

☐

Shortness of breath

☐

Sore throat

Other Symptoms

Medical History

Do you have any chronic illnesses? If yes, specify.

Are you currently taking any medication?

Recent Travel History

Have you travelled outside the country or been in contact with anyone who has tested positive for an infectious disease in the past 28 days?

If yes, please provide details

Declaration

Name

Date

Signature