

Seafarer Travel Health Self-Declaration Form

Personal Information

Full Name

Rank/Position

Nationality

Date of Birth

Passport No.

Contact Number

Travel Information

Ship Name

IMO Number

Joining Date

Joining Port

Health Declaration

- ☐ Cough
- ☐ Fever
- ☐ Shortness of breath
- ☐ Sore throat
- ☐ None of the above

Recent Travel History

Countries/places visited in last 14 days

Exposure Declaration

- ☐ Yes
- ☐ No

If yes, please provide details

Declaration & Signature

Name & Signature

Date