

Small Craft Maritime Health Self-Certification

Personal Information

Full Name

Date of Birth

Nationality

Passport/ID Number

Vessel Information

Vessel Name

Registration Number

Health Status

☐ I am fit for duty and capable of performing assigned tasks. ☐ I do not have symptoms of illness (fever, cough, shortness of breath, etc.). ☐ I am not taking any medication affecting my ability to operate a vessel safely. ☐ I do not have any medical condition that may affect my maritime duties.

Declaration

I confirm that the above information is true and complete to the best of my knowledge.

Signature

Date
