

Coastal Shipping Staff Fitness Declaration

Staff Details

Full Name

Employee ID

Position

Date

Health Declaration

I hereby declare that I am physically and mentally fit to perform my duties on board vessel/coastal shipping services.

I confirm that I have not experienced any of the following recently:

- Fever or persistent cough
- Shortness of breath
- Any infectious disease or illness affecting my ability to work
- Injury or medical condition impacting my performance

I further declare that, to the best of my knowledge, I meet the fitness requirements for my role.

Declaration & Signature

Signature

Date