

# Cruise Ship Staff Medical Fitness Declaration

## Personal Information

Full Name

Date of Birth

Nationality

Position on Ship

Employee ID/Number

## Medical Declaration

Do you currently have, or have you had in the past 12 months, any of the following conditions?

☐

Fever, cough, or respiratory symptoms

☐

Serious chronic illness (heart, diabetes, etc.)

☐

Recent surgery or hospitalization

☐

Contagious diseases

Other medical conditions (please specify):

## Fitness to Work Declaration

I hereby declare that I am in good health and fit for work duties on board the cruise ship:

If "No", please provide details:

# Signature & Date

Signature

Date