

# Ferry Crew Medical Fitness Self-Assessment

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## Crew Member Information

Full Name

Rank/Role

Date

## Medical Fitness Checklist

- ☐ I feel generally well today
- ☐ I do not have a fever
- ☐ I do not have a persistent cough
- ☐ I have no difficulty breathing
- ☐ I do not feel nausea or vomiting
- ☐ I do not have diarrhea
- ☐ I do not have any unusual rash or skin problem
- ☐ I have not had recent injury or surgery affecting work
- ☐ I am not currently taking new medication affecting alertness or performance

## Other Health Concerns

Describe any other symptoms, concerns, or relevant details

## Declaration

I confirm that the above information is accurate to the best of my knowledge.

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