

# Fishing Vessel Crew Medical Declaration Form

Vessel Name

Voyage Date

## Crew Member Information

Full Name

Position/Rank

Date of Birth

Nationality

Passport/ID Number

## Medical Declaration

Do you currently suffer from any illness or injury?

☐ Yes ☐ No

If yes, please provide details

Are you taking any medication?

☐ Yes ☐ No

If yes, please provide details

Have you had any surgery or hospitalization in the past year?

☐ Yes ☐ No

If yes, please provide details

Other relevant medical conditions or allergies

Emergency Contact Name

Relationship

Emergency Contact Phone

## Declaration

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

Crew Member Signature

Date