

# Maritime Crew Medical Self-Declaration

## Personal Information

Full Name

Date of Birth

Nationality

Rank / Position

Passport No.

Seaman's Book No.

## Medical History

Have you ever had or currently have any of the following?

☐

Asthma or lung disease

☐

Heart or circulatory disease

☐

Diabetes

☐

Epilepsy or seizures

☐

Hearing problems

☐

Vision problems (not corrected by glasses/lenses)

☐

Mental health conditions

☐

Other serious illness or injury

If you answered yes to any, please provide details

## Medications

Are you currently taking any medications?

☐

Yes

☐

No

If yes, please list medications

## Recent Illness or Symptoms

In the last 30 days, have you experienced any illness, injury, or symptoms (e.g., fever, cough, shortness of breath)?

☐

Yes

☐

No

If yes, please provide details

## Declaration

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

Signature

Date