

# Marine Crew Pre-Employment Health Declaration

## Personal Information

Full Name

Date of Birth

Nationality

Passport/Seaman's Book No.

Position Applied For

## Medical History

Have you ever been hospitalized or undergone any surgery?

☐ Yes

☐ No

Please provide details if 'Yes'

Do you currently take any medication?

☐ Yes

☐ No

If 'Yes', specify

Do you have any allergies?

☐ Yes

☐ No

Specify allergies

## Specific Health Questions

Have you ever suffered from any of the following?

- ☐ Tuberculosis
- ☐ Epilepsy/Seizures
- ☐ Heart Disease
- ☐ Diabetes
- ☐ Hypertension
- ☐ Asthma
- ☐ Hepatitis
- ☐ Mental Illness
- ☐ Other

If 'Other', please specify

## Lifestyle

Do you smoke?

- ☐ Yes
- ☐ No

Do you consume alcohol?

- ☐ Yes
- ☐ No

Do you use any drugs/narcotics?

- ☐ Yes
- ☐ No

## Declaration

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

Signature

Date