

Fit-to-Work Declaration for Seafarers

Personal Information

Full Name

Date of Birth

Rank/Position

Nationality

Passport No.

Seaman's Book No.

Vessel/Assignment Details

Vessel Name

IMO Number

Embarkation Date

Duration of Contract

Health Declaration

I hereby declare that I am physically and mentally fit to perform my duties as a seafarer onboard the assigned vessel. I confirm that, to the best of my knowledge, I do not suffer from any illness, disease, or condition that may impair my ability to work at sea. If my health or circumstances change, I will report it immediately according to company procedures.

Signature of Seafarer

Date