

Maritime COVID-19 Declaration Form

Vessel Name

IMO Number

Flag State

Call Sign

Captain/Master Name

Date of Arrival

Port of Origin

Last Port of Call

Total Number of Crew

Total Number of Passengers

Have any crew or passengers experienced any of the following symptoms in the past 14 days?

☐ Fever ☐ Cough ☐ Respiratory distress ☐ Loss of taste or smell ☐ Sore throat

Has anyone onboard tested positive for COVID-19 in the last 14 days?

☐ Yes ☐ No

Actions taken (isolation, medical care, etc.):

Date of Declaration

Signature of Master/Captain