

# Seafarer Quarantine Compliance Declaration

## Personal Details

Full Name

Rank/Position

Vessel Name

IMO Number

Date of Arrival

## Quarantine Information

Designated Quarantine Facility/Location

Quarantine Period From

Quarantine Period To

Authority Overseeing Quarantine

## Health Declaration

☐ I declare that I have not experienced or exhibited symptoms of COVID-19 (such as fever, cough, sore throat, shortness of breath, loss of taste/smell) during my quarantine period.

☐ I declare that I have not had close contact with any person suspected or confirmed to have COVID-19 during my quarantine period.

Other relevant information:

## Declaration & Acknowledgment

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

complied with all quarantine and health protocols as required.

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Signature of Seafarer  
Date:

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Authorized Person / Official  
Date: