

# Vessel Entry Health Assessment Form

Vessel Name

IMO Number

Port of Entry

Date of Entry

Master's Name

Total Number of Crew Onboard

Total Number of Passengers Onboard

Has any person onboard shown signs of illness?

☐

Yes

☐

No

If yes, provide details

Is there any person who joined or left the vessel in the last 14 days?

☐

Yes

☐

No

If yes, provide details

Has the vessel visited any ports in affected areas within the last 30 days?

Yes

No

If yes, list the ports and dates

Additional Information

Name of Person Completing Form

Position/Title

Date