## **Crew Health Status Declaration Form**

Crew Member Name	
Rank/Position	
Crew ID / Passport No.	
Date of Birth	
Vessel Name	
Have you experienced any of the following symptoms in the last 14 days?	
Pre-existing Medical Conditions (if any)	
Current Medications (if any)	
Recent Contact with Sick Persons?	•
If Yes, provide details	
ii res, provide details	
Date of Declaration	
Crew Member Signature	