

# Crew Medical Declaration Form

Full Name

Date of Birth

Nationality

Rank/Position

Vessel Name

Have you had any of the following? (Check all that apply)

☐

Diabetes

☐

Hypertension

☐

Asthma

☐

Heart Disease

☐

Other

If you answered yes to any above, please provide details

Are you currently taking any medication?

☐

Yes

☐

No

If yes, please list medications

Have you had any symptoms of illness in the past 14 days?

☐

Yes

☐

No

If yes, describe symptoms

Additional Notes

Signature

Date