

# Maritime Traveler Symptom Self-Declaration

## Personal Information

Full Name

Date of Birth

Nationality

Passport/ID Number

Vessel Name / Voyage No.

## Symptoms (past 14 days)

- ☐ Fever ☐ Cough ☐ Shortness of Breath ☐ Fatigue ☐ Loss of Taste or Smell ☐ Sore Throat  
☐ Headache ☐ Muscle or Body Aches ☐ Nausea or Vomiting ☐ Diarrhea

## Travel & Exposure History (past 14 days)

Countries or Ports Visited

Close contact with confirmed/suspected infectious disease cases?

☐ Yes ☐ No

## Declaration

☐ I certify that the information provided above is true and complete to the best of my knowledge.