

# Seafarer Pre-Boarding Health Declaration

## Personal Information

Full Name

Rank/Position

Nationality

Vessel Name

Embarkation Date

Port of Embarkation

## Travel History (Last 14 Days)

Countries/Ports Visited

## Health Status

Have you experienced any of the following symptoms in the past 14 days?

☐

Fever

☐

Cough

☐

Sore Throat

☐

Difficulty Breathing

☐

Headache

☐

None

Have you had contact with a confirmed or suspected COVID-19 case in the last 14 days?

Are you currently taking any medication?

## Declaration

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

Signature

Date

