

# Ferry Boat Crew International Travel Health Declaration

## Crew Member Information

Full Name

Date of Birth

Gender

Passport Number

Nationality

Crew ID/Employee Number

## Contact Information

Address

Phone Number

Email

## Travel Information

Vessel Name

Port of Departure

Port of Arrival

Departure Date

Arrival Date

## Health Information

Do you currently have any of the following symptoms? (Check all that apply)

☐ Fever ☐ Cough ☐ Shortness of Breath ☐ Body Aches ☐ None

Have you been ill or had any medical treatment in the last 14 days?

If yes, please provide details

Have you been in contact with anyone diagnosed with an infectious disease (e.g., COVID-19) in the last 14 days?

## Additional Information or Declarations

Please mention anything else relevant or any underlying health conditions

Signature

Date