

# Fishing Vessel Crew Health Risk Self-Evaluation Form

## Personal Information

Full Name

Date of Birth

Position on Vessel

## Contact Information

Phone Number

Emergency Contact

## Medical History

☐ Heart Disease

☐ Diabetes

☐ Hypertension

☐ Asthma

☐ Allergies

☐ Other Chronic Illness

Other Conditions / Details

## Lifestyle & Risk Factors

Do you smoke?

Do you consume alcohol?

Physical Activity Level

## Medications & Allergies

Current Medications (if any)

Known Allergies

## Recent Symptoms (last 2 weeks)

- ☐ Fever
- ☐ Cough
- ☐ Shortness of Breath
- ☐ Headache
- ☐ Fatigue
- ☐ Other

If other, please specify

## Remarks / Notes