

Marine Crew Quarantine Compliance Declaration Form

Vessel Name

IMO Number

Port of Arrival

Date of Arrival

Crew Member Name

Position on Vessel

Passport Number

Quarantine Period (Dates)

Quarantine Location

Have you experienced any COVID-19 symptoms during quarantine?

If yes, please provide details

I confirm that I have complied with all quarantine requirements as stipulated by authorities. ☐

Date

Signature