

Maritime Crew Fever & Symptom Monitoring Sheet

Vessel Name: _____ Voyage No.: _____
Date: _____ Port: _____

Crew Name	Position	Cabin No.	Temperature (Â°C)	Cough	Sore Throat	Shortness of Breath	Other Symptoms	Remarks

Medical Officer / Person Filling Sheet

Signature

Date

Master's Name

Signature

Date