

Offshore Crew Pre-Boarding Health Declaration

Personal Information

Full Name

Crew ID / Staff Number

Position / Designation

Nationality

Date of Birth

Contact Number

Travel & Embarkation Details

Vessel/Platform Name

Embarkation Date

Port/Departure Location

Health Declaration

Have you experienced any of the following symptoms within the last 14 days? (Check all that apply)

☐

Fever / Chills

☐

Cough

☐

Shortness of Breath

☐

Sore Throat

☐

None of the Above

Other symptoms (please specify):

Have you been in close contact with anyone diagnosed with a contagious disease in the last 14 days?

If yes, provide details:

Have you received all required vaccinations as per company guideline?

List types/dates of recent vaccinations:

Declaration & Signature

I hereby declare the above information is true to the best of my knowledge.

Date

Signature (type name)