

Seafarer Chronic Condition Disclosure

Full Name

Rank / Position

Vessel / Company

Chronic Condition Details

Name of Chronic Condition

Date Diagnosed

Medication / Treatment (if any)

Attending Doctor / Clinic

Check-up Frequency

Work Limitations (if any)

Additional Remarks

Seafarer Declaration

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

Seafarer's Signature

Date