

Superyacht Crew Gastrointestinal Symptom Self-Reporting Template

Crew Member Name

Position

Date of Onset

Time of Onset

Symptoms Noticed (check all that apply)

☐ Vomiting

☐ Diarrhea

☐ Nausea

☐ Stomach Pain

☐ Fever

Brief Description of Symptoms

Did you have contact with anyone sick on board? If yes, specify who and when.

Food or drink consumed in last 24h (meals, snacks, water source, etc)

Action Taken (reported to whom, isolation, medical attention, etc)

Additional Comments