

Vessel Crew COVID-19 Daily Health Self-Assessment Form

Crew Member Name

Crew ID

Date

Symptoms Check

- ☐ Fever or chills
- ☐ Cough
- ☐ Shortness of breath or difficulty breathing
- ☐ Fatigue
- ☐ Loss of taste or smell
- ☐ Sore throat
- ☐ Muscle or body aches
- ☐ Headache
- ☐ Nausea or vomiting
- ☐ Diarrhea

Temperature (°C)

Exposure History

- ☐ Close contact with a confirmed COVID-19 case in the past 14 days
- ☐ Traveled in areas with high COVID-19 cases in the past 14 days

Remarks

Signature

Date