

Yacht Crew Contagious Disease Self-Declaration Form

Crew Member Information

Full Name

Passport Number

Nationality

Date of Birth

Role/Position

Yacht Name

Health Declaration

1. Have you experienced any of the following symptoms in the past 14 days? (Check all that apply)

☐

Fever

☐

Cough

☐

Sore Throat

☐

Shortness of Breath

☐

Loss of Smell/Taste

☐

None

2. Have you been diagnosed with a contagious disease in the past 14 days?

☐

Yes

☐

No

3. Have you been in contact with anyone who has been diagnosed with a contagious disease in the past 14 days?

☐

Yes

☐

No

4. If YES to questions 2 or 3, please provide details:

Declaration

I declare that the information provided above is true and correct to the best of my knowledge.

Signature:

Date: