

# Crew Health Declaration

## Personal Details

Full Name

Crew ID / Staff Number

Position

Nationality

## Health Status

Have you experienced any of the following symptoms in the last 14 days? (e.g. fever, cough, difficulty breathing)

Have you been in close contact with anyone diagnosed with an infectious disease (including COVID-19) in the last 14 days?

Do you have any existing chronic illnesses or medical conditions?

## Recent Travel

Countries visited in the last 14 days

## Declaration



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

Date

Signature