

# International Crew Travel Health Declaration

## Crew Member Information

Full Name

Employee ID

Passport Number

Nationality

Flight / Voyage Number

Position / Rank

## Travel History (Last 14 days)

Countries/Regions Visited

## Health Declaration

In the past 14 days, have you experienced any of the following symptoms? (Select all that apply)

☐

Fever

☐

Cough

☐

Shortness of Breath

☐

Sore Throat

☐

None of the above

In the past 14 days, have you had close contact with a suspected or confirmed case of infectious disease?

Other Relevant Information

Date

Signature