

Maritime Crew COVID-19 Status Declaration

Crew Member Information

Full Name

Position/Rank

Nationality

Passport Number

Vessel Information

Vessel Name

IMO Number

Port of Arrival

Arrival Date

COVID-19 Health Status

Have you experienced any of the following symptoms in the past 14 days? (fever, cough, difficulty breathing, loss of taste/smell, etc.)

Have you been in close contact with a confirmed COVID-19 case in the last 14 days?

Most recent COVID-19 test date

COVID-19 test result

Declaration

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

Crew Member Signature

Date