

Offshore Vessel Crew Health Screening Form

Crew Information

Full Name

Date of Birth

Rank/Position

Vessel Name

Crew ID/Passport Number

Health Questionnaire

1. Do you have any of the following symptoms?

☐

Fever

☐

Cough

☐

Shortness of breath

☐

Sore throat

☐

None

2. Have you been in close contact with anyone who has tested positive for a communicable disease within the past 14 days?

☐

Yes

☐

No

3. Do you have any chronic medical conditions?

4. Are you currently taking any medication?

5. Any recent surgeries or hospitalizations (past 6 months)?

Declaration

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

Crew Signature

Date