

Port Entry Marine Crew Health Questionnaire

Vessel Information

Vessel Name

IMO Number

Port of Arrival

Date of Arrival

Last Port of Call

Flag

Crew Member Information

Name

Rank

Date of Birth

Passport / Seaman's Book No.

Health Status

In the last 14 days, have you experienced any of the following symptoms? (Fever, cough, sore throat, shortness of breath, loss of taste/smell, etc.)

Have you been ill or felt unwell in the last 14 days?

Have you received any medical attention in the last 14 days?

Have you been in contact with any person(s) who is suspected or confirmed to have an infectious disease in the last 14 days?

Have you disembarked at any port in the last 14 days?

Additional Information

Other relevant medical or travel information

Declaration

Date

Crew Member Signature

Master/Ship Doctor Signature