

Seafarer Pre-Boarding Health Assessment Sheet

Personal Information

Name

Age

Gender

Rank/Position

Vessel Name

Date

Vital Signs

Height (cm)

Weight (kg)

Blood Pressure (mmHg)

Pulse Rate (bpm)

Temperature (°C)

Medical History

Do you have any of the following? (Check all that apply)

	Yes	No
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Hypertension	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>
Allergies	<input type="radio"/>	<input type="radio"/>
Other	<input type="text"/>	

Symptoms Check

Are you currently experiencing any of the following?

Symptom	Yes	No
Fever	<input type="radio"/>	<input type="radio"/>
Cough	<input type="radio"/>	<input type="radio"/>
Sore Throat	<input type="radio"/>	<input type="radio"/>
Shortness of Breath	<input type="radio"/>	<input type="radio"/>
Other	<input type="text"/>	

Travel and Exposure History

Have you traveled internationally in the last 14 days?

If yes, list countries visited

Have you been in contact with a confirmed case of infectious disease?

If yes, provide details

Remarks

Assessment By Medical Personnel

Name

Date

Signature