

# Ship Crew Medical Self-Declaration

## Personal Details

Full Name

Rank/Position

Date of Birth

Nationality

## Health Status

Are you currently experiencing any of the following symptoms?

☐ Fever ☐ Cough ☐ Shortness of Breath ☐ Other

Do you have any chronic diseases?

Are you currently taking any medication? If yes, please specify.

## Declaration

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

Date

Signature