

# Cargo Ship Crew Health Declaration Form

Vessel Name

IMO Number

Port of Arrival

Arrival Date

Captain's Name

Total Number of Crew Onboard

List of Crew Members

Name	Position/Rank	Nationality	Passport/ID Number	Health Status

Have any crew members displayed any of the following symptoms in the last 14 days? (Fever, cough, sore throat, difficulty breathing, fatigue, etc.)

If yes, provide details

Is there any ongoing illness or contagious disease on board?

If yes, provide details

Date

Signature of Captain / Authorized Officer