Shipboard Quarantine Illness Entry Form

Crew/Passenger Name	
ID/Passport Number	
Date of Birth	
Gender	
Role (Crew/Passenger)	<u> </u>
Cabin/Room Number	<u> </u>
Date Illness Reported	
Symptoms	
Date/Time of Onset	
Known Contacts/Exposure	
Date Isolated/Quarantined	
Isolation/Quarantine Location	
Medical Attention/Actions Taken	
Additional Remarks	