

# COVID-19 Crew Change Health Declaration

Vessel Name

Crew Member Name

Rank / Position

Nationality

Date of Birth

Date of Embarkation

Date of Disembarkation

## 1. COVID-19 Symptoms

Have you experienced any of the following symptoms in the past 14 days?

☐

Fever

☐

Cough

☐

Sore Throat

☐

Shortness of Breath

☐

Loss of taste/smell

☐

None of the above

## 2. Exposure History

Have you been in close contact with anyone diagnosed or suspected of having COVID-19 in the last 14 days?

If YES, provide details

## 3. Travel History

Countries visited in the last 14 days

## 4. Vaccination Status

Have you received COVID-19 vaccination?

If YES, provide vaccine name(s) and date(s) administered

### 5. Quarantine / Isolation

Have you undergone quarantine or isolation prior to crew change?

If YES, provide place and duration

### 6. Declaration

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

Crew Member Signature

Date