

PRE-BOARDING HEALTH SELF-DECLARATION

Must be completed prior to boarding by every person

DATE:	VESSEL:
PORT:	CREW ID/ CABIN # : (IF APPLICABLE)
FULL NAME:	

To protect the health and safety of all persons on the vessel, please answer all of the following questions:

IN THE PAST 14 DAYS, HAVE YOU OR ANYONE IN YOUR TRAVEL GROUP:

1. Had any of the following symptoms?

COUGH	YES	NO	MUSCLE OR BODY ACHES	YES	NO
SHORTNESS OF BREATH	YES	NO	HEADACHE	YES	NO
DIFFICULTY BREATHING	YES	NO	SORE THROAT	YES	NO
FEVER OR CHILLS	YES	NO	CONGESTION OR RUNNY NOSE	YES	NO
FATIGUE	YES	NO	NEW LOSS OF TASTE OR SMELL	YES	NO
NAUSEA	YES	NO	VOMITING OR DIARRHEA	YES	NO

2. Tested positive for COVID-19 (SARS-CoV-2)? **YES** **NO**

3. Had contact with a suspected or confirmed COVID-19 case, or other respiratory illness such as pneumonia or influenza? **YES** **NO**

This questionnaire may be reported to public health authorities. Penalties may apply to any individual who knowingly and willfully makes a false, fictitious or fraudulent statement or representation. I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications.

SIGNATURE:
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