**Crew Daily Temperature Report**

**{vesselName}**

**{dateSubmitted}**

{#crew}

**{#0}{name}**

|  |  |
| --- | --- |
| **Temperature 1** | **Temperature 2** |
| {temp1} | {temp2} |

|  |  |
| --- | --- |
| **Do you have any of the following symptoms now or within the last 14 days: Cough, smell/taste impairment, fever, breathing difficulties, body aches, headaches, fatigue, sore throat, diarrhoea, and/ or running nose (even if your symptoms are mild)?** | {symptomsInLast14Days} |
| {symptoms} | |
| **When did you first experience the first acute respiratory infection (ARI) symptoms?** | {firstARISymptoms} |
| **Have you been in contact with anyone who is suspected to have or/has been diagnosed with COVID-19 within the last 14 days?** | {contactWithSuspected} |
| **Please indicate below the latest results of your PCR & ART test.** | {testDate} |
| **PCR TEST Results** | {pcr} |
| **ART TEST Results** | {art} |

{/0}{/crew}

{#crew}

{#1}

**{name}**

|  |  |
| --- | --- |
| **Temperature 1** | **Temperature 2** |
| {temp1} | {temp2} |

|  |  |
| --- | --- |
| **Do you have any of the following symptoms now or within the last 14 days: Cough, smell/taste impairment, fever, breathing difficulties, body aches, headaches, fatigue, sore throat, diarrhoea, and/ or running nose (even if your symptoms are mild)?** | {symptomsInLast14Days} |
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| **When did you first experience the first acute respiratory infection (ARI) symptoms?** | {firstARISymptoms} |
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| **ART TEST Results** | {art} |

{/1}{/crew}

{#crew}

**{#2}**

**{name}**

|  |  |
| --- | --- |
| **Temperature 1** | **Temperature 2** |
| {temp1} | {temp2} |

|  |  |
| --- | --- |
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| **PCR TEST Results** | {pcr} |
| **ART TEST Results** | {art} |

{/2}{/crew}

{#crew}

**{#3}**

**{name}**

|  |  |
| --- | --- |
| **Temperature 1** | **Temperature 2** |
| {temp1} | {temp2} |

|  |  |
| --- | --- |
| **Do you have any of the following symptoms now or within the last 14 days: Cough, smell/taste impairment, fever, breathing difficulties, body aches, headaches, fatigue, sore throat, diarrhoea, and/ or running nose (even if your symptoms are mild)?** | {symptomsInLast14Days} |
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{/3}{/crew}

{#crew}

**{#4}**

**{name}**

|  |  |
| --- | --- |
| **Temperature 1** | **Temperature 2** |
| {temp1} | {temp2} |

|  |  |
| --- | --- |
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{/4}{/crew}

{#crew}

**{#5}**

**{name}**

|  |  |
| --- | --- |
| **Temperature 1** | **Temperature 2** |
| {temp1} | {temp2} |

|  |  |
| --- | --- |
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| **ART TEST Results** | {art} |

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{#crew}

**{#6}**

**{name}**

|  |  |
| --- | --- |
| **Temperature 1** | **Temperature 2** |
| {temp1} | {temp2} |

|  |  |
| --- | --- |
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{#crew}

**{#7}**

**{name}**

|  |  |
| --- | --- |
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| {temp1} | {temp2} |

|  |  |
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{/7}{/crew}