\*Ship Name\*

HEALTH DECLARATION

FOR JOINING CREW MEMBERS

Dear Crew Member,

Welcome Aboard!

In order to help keep our ship healthy and safe, please complete this form and hand it back to the Crew Purser.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SECTION 1:  **Have you had any of the following problems within the past 3 days?** | | | | | |
| **PROBLEM** | **YES** | **NO** | **DATE PROBLEM STARTED** | | |
| 1. **Diarrhoea (Loose Motions)** |  |  |  | | |
| 1. **Vomiting (Upset Stomach)** |  |  |  | | |
| 1. **Stomach Cramps** |  |  |  | | |
| 1. **Muscle Aches** |  |  |  | | |
| 1. **Unusual Headache** |  |  |  | | |
| 1. **Fever or Chills** |  |  |  | | |
| 1. **Cough** |  |  |  | | |
| 1. **Shortness of Breath** |  |  |  | | |
| 1. **Skin Rash or Skin Infection** |  |  |  | | |
| SECTION 2: | | | | | |
| 1. **Are you currently taking any prescription medications\*?** | | | | YES | NO |
| 1. **Are you currently taking any over the counter medications which may cause drowsiness\*?** | | | | YES | NO |
| 1. **History of allergy to any medicine?** | | | | YES | NO |

\* The ship’s Doctor must approve any medication/drug used by a crew-member.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Rank:** |  | **Date Joining Ship:** |  |

**I certify that the above is true and correct and I understand that any dishonesty in completing this form may have serious public health or safety implications and may lead to disciplinary action.**

|  |  |
| --- | --- |
| **Signature:** |  |

Thank You,

Ship’s Doctor