|  |  |  |
| --- | --- | --- |
| Details of **A**symptomatic Crew | | |
| **Name:** | **Rank:** | **Cabin Nr:** |

|  |  |  |
| --- | --- | --- |
| Details of **S**ymptomatic Crew | | |
| Name: | Rank: | Cabin Nr: |
| Symptoms began: | Date: | Time: |
| When initially reported to medical staff: | Date: | Time: |
| Type of contact to **A**symptomatic crew: |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A**symptomatic Crew – precautions taken | | | | |
| **Exposure to symptomatic crew member(s)** | Restricted € | | Date: | Time: |
| **First verbal interview:**  *(within 8 hours from the time the symptomatic crew member initially reported)* | Performed € | | Date: | Time: |
| By medical € or supervisor € staff? | **Staff** Rank: | | Name: | Sign.: |
| medical / GI condition | | Confirmed € | remarks: | |
| facts and a written fact sheet about hygiene and handwashing | | Provided € |
| to report immediately to medical if crewmember develops illness symptoms | | Instructed € |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A**symptomatic Crew – Follow-up daily interviews (until 48 hrs after the ill crew member’s symptoms began) | | | | | |
| **Verbal interview** | Performed € | | Date: | | Time: |
| By medical € or supervisor € staff? | **Staff** Rank: | | Name: | |  |
| medical / GI condition | | Confirmed € | remarks: | | |
| facts and a written fact sheet about hygiene and handwashing | | Provided € |
| to report immediately to medical if crewmember develops illness symptoms | | Instructed € |
| **Verbal interview** | Performed € | | Date: | | Time: |
| By medical € or supervisor € staff? | **Staff** Rank: | | Name: | | Sign.: |
| medical / GI condition | | Confirmed € | | remarks: | |
| facts and a written fact sheet about hygiene and handwashing | | Provided € | |
| to report immediately to medical if crewmember develops illness symptoms | | Instructed € | |

Asymptomatic crew: ………………………….……… (signed)