\*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 a member of the onboard medical team

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |
| 1. **Have you received an up to date (\*this year’s) influenza (flu) vaccine?**   **If no, this will be administered onboard**  **\*The influenza vaccine is updated annually, you must have this year’s vaccine** | | | | 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