**PILOT HEALTH DECLARATION FORM**

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| **SCREENING QUESTIONNAIRE** |
| 1.  | Do you have any of the following flu symptoms:  | [ ]  Yes | [ ]  No |
|   | Fever  | [ ]  Yes | [x]  No |
|   | Cough  | [ ]  Yes | [x]  No |
|   | Breathlessness  | [ ]  Yes | [x]  No |
|   | Sore Throat  | [ ]  Yes | [x]  No |
|   | Running nose  | [ ]  Yes | [x]  No |
|  | Body temperature between 36.1 – 37.0C | [ ]  Yes | [x]  No |
|   | Others: Please specify.  | [ ]  Yes | [x]  No |
|  | Has any member of your household shown any of the symptoms above in the last 14 days? | [ ]  Yes  | [x]  No |
|   |  If yes – Please specify | Click or tap here to enter text. |
| 2.  | Have you been out of your country the last 14 days prior starting travel to on signing vessel?  | [ ]  Yes | [x]  No |
|   | If yes, please indicate the following:  |  |  |
|   | Country/City  |  |  |
|   | Travel Period  |  |  |
|   |   |  |  |
| 3.  | Have you come in close contact with confirmed cases of Coronavirus in the last 14 days?  | [ ]  Yes | [x]  No |

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| Pilot Name | Click or tap here to enter text. | Date | Click or tap to enter a date. |

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