**PILOT HEALTH DECLARATION FORM**

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| --- | --- | --- | --- | --- |
| **SCREENING QUESTIONNAIRE** | | | | |
| 1. | Do you have any of the following flu symptoms: | | Yes | No |
|  | Fever | | Yes | No |
|  | Cough | | Yes | No |
|  | Breathlessness | | Yes | No |
|  | Sore Throat | | Yes | No |
|  | Running nose | | Yes | No |
|  | Body temperature between 36.1 – 37.0C | | Yes | No |
|  | Others: Please specify. | | Yes | No |
|  | Has any member of your household shown any of the symptoms above in the last 10 days? | | Yes | No |
|  | If yes – Please specify | Click or tap here to enter text. | | |
| 2. | Have you been out of your country the last 10 days prior starting travel to on signing vessel? | | Yes | 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 10 days? | | Yes | 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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