

Allegato 4
Annex 4

This form is consistent with the template found at the Appendix B in the IMO Recommended framework of protocols for ensuring safe ship crew changes and travel during the coronavirus (COVID-19) pandemic (IMO Circular Letter No.4204/Add14).

Crew/Passenger Health Self-Declaration Form

This form should be completed by all persons prior to, or at the time of, embarkation on to the ship. It is intended to screen persons for COVID-19 infection and collect other relevant information. [Insert reference or link to relevant data protection/privacy policy.]

Date:

Full Name

(as found on passport or other ID)

Last (Family) Name:

First (Given) Name:

Name of Ship:

1. Have you received information and guidance on the coronavirus (COVID-19), including about standard health protection measures and precautions? Yes / No
2. Do you understand and comply with applicable standard health protection measures and precautions to prevent the spread of the coronavirus (COVID-19), such as proper hand washing, coughing etiquette, appropriate social distancing? Yes / No

During the last 14 days, have you:

3. Tested positive for being infected with the coronavirus (COVID-19)? Yes / No
If "Yes", please provide date of test and name of test:
4. Tested positive for the antibodies for the coronavirus (COVID-19)? Yes / No
If "Yes", please provide date of test and name of test:



5. Shown any symptoms associated with the coronavirus (COVID-19), specifically,

- A fever: Yes / No
- A dry cough: Yes / No
- Tiredness: Yes / No
- Shortness of breath: Yes / No
- Aches and pains: Yes / No
- Sore throat: Yes / No
- Diarrhoea: Yes / No
- Nausea: Yes / No
- Loss or change in taste/smell: Yes / No
- Rash: Yes / No

6. Completed a period of self-isolation related to the coronavirus (COVID-19)? Yes / No

If "Yes", please explain the circumstances and the length of self isolation:

7. Had close contact with anyone that has tested positive for coronavirus (COVID 19)?
("Close contact" means being at a distance of less than one metre for more than 15 minutes.) Yes / No

8. Had close contact with anyone with symptoms of the coronavirus (COVID-19)?
("Close contact" means being at a distance of less than one metre for more than 15 minutes.) Yes / No

9. Maintained good personal hygiene and complied with applicable health protection measures and precautions? Yes / No

I confirm that the information provided above is correct to the best of my knowledge.

Signature:

Date:

