

## Allegato 2

## CREW HEALTH SELF- DECLARATION

Date:

Full Name  
(as found on passport or other ID)

Last (Family) Name:

First (Given) Name:

Name of Ship:

- Have you received information and guidance on the coronavirus (COVID-19), including about standard health protection measures and precautions? Yes / No
- 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:

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

- 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
- 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:
- 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
- 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
- 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:

