**Questions related to the novel Coronavirus (COVID-19)**

1. Has there been a crewmember/passenger change at the last 10 (ten) ports within the last 14 (fourteen) days? Y N
2. If yes, at which port did the crewmember or passenger embarked? (please mention embarkation and passport information in the columns of attached COVID-19 form (2))
3. Has any crewmember or passenger on board visited a healthcare facility where patients with COVID-19 are being treated? Y N
4. Has any crewmember or passenger on board been in contact with someone from a COVID-19 affected country with the following symptoms within the past 14 days?

Yes No

* Fever
* Cough
* Sore throat
* Runny nose
* Shortness of breath
* Headache
* Fatigue
1. Has any crewmember or passenger on board been in contact with someone who has been diagnosed with COVID-19? Y N

If “YES” please provide name (s)………………………………………………………………

........................................................................................................................

1. Has any crewmember and/or passenger on board had the following symptoms over the past 14 days?

Yes No

* Fever
* Cough
* Sore throat
* Runny nose
* Shortness of breath
* Headache
* Fatigue
* Other (please describe)………………………………………………………

………………………………………………………………………………….

……………………………………………………………………………

If “YES” or “Other” please tick off in the Colum “Symptoms” in attached COVID-19 Form (2).

1. Provide body temperature information of **each crew member and Passenger** of measurement(s) taken within the last 24 hours (please use attached COVID-19 Form (2)).

Signed ……………………………………………Master

Counter signed…………………………………….Ships’ Surgeon (if carried)

Date …………………………………………………………………………..