

COVID-19 Health Declaration Form

The personal data contained in this form will be used solely for the purpose of compliance with legal/statutory requirements of port and other authorities. The personal data will be stored and processed by the operator in accordance with any applicable data privacy laws.

PERSONAL DETAILS						
	Below personal details are required in the event of an outbreak or to enable the company to trace a possible infection:					
1.	Name:					
	Nationality					
	Date of Birth					
	Body temperature:		YES	NO		
	Body temperature to be taken at check-in. The					
	temperature was over 38 degrees Celsius					

RISK GROUP					
2.	Have you in the past 14 days:	YES	NO		
	had close contact with a person known to have the corona virus disease (COVID-19)				
	Have you ever been admitted to or visited a hospital in				
	the past one month?				

SYMPTOMS				
	Do you have had any of the below symptoms within the last 7 days:	YES	NO	
	Fever, dry cough, tiredness			
3.	Aches and pains, sore throat, diarrhoea, conjunctivitis Headache, loss of taste or smell a rash on skin, or discolouration of fingers or toes			
	Difficulty breathing or shortness of breath, chest pain or pressure, loss of speech or movement.			

If you answered <u>YES</u> on any of the questions above.	Declaration: I hereby declare that, to the best of my knowledge the information provided is true and correct
BORDING NOT ALLOWED	Signature and Date:

- Seek immediate medical attention if you have serious symptoms. Always call before visiting your doctor or health facility.
- People with mild symptoms who are otherwise healthy should manage their symptoms at home.
- On average it takes 5–6 days from when someone is infected with the virus for symptoms to show, however it can take up to 14 days.