**SUPPLEMENTARY QUESTIONS IN ADDITION TO THE**

**MARITIME DECLARATION OF HEALTH FORM**

[**ANNEX 8 – INTERNATIONAL HEALTH REGULATIONS**](http://apps.who.int/iris/bitstream/handle/10665/43883/9789241580410_eng.pdf;jsessionid=6810ADFAF02521668A86595AC2356D30?sequence=1)

**COVID-19 Virus Questions**

|  |  |
| --- | --- |
| **NAME OF VESSEL** |  |
| **IMO NUMBER** |  |
| **DATE and ETA at [insert name of port]** |  |

**PLEASE TICK THE APPROPRIATE BOX**

|  |  |  |
| --- | --- | --- |
| **Has any passenger or member of crew tested positive for COVID-19 in the past 14 days** | YES | NO |
|  |  |

**IF YES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Passenger or crew | Date +ve | Symptomatic | On board | If Yes are they in isolation | If No are when did they disembark |
|  | Pass/Crew |  | Yes/No | Yes/No | Yes/No |  |
|  | Pass/Crew |  | Yes/No | Yes/No | Yes/No |  |
|  | Pass/Crew |  | Yes/No | Yes/No | Yes/No |  |
|  | Pass/Crew |  | Yes/No | Yes/No | Yes/No |  |

**IF YES**

|  |  |  |
| --- | --- | --- |
| **How many persons are in self-isolation**  | Passengers | Crew |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Have there been any crew or passenger changes in the last 14 days?** | YES | NO |
|  |  |

**IF YES**

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| **Have any crew or passengers travelled countries out with the Common Travel Area in the last 14 days?** |  |  |
| **Please specify which area(s) visited**  |  |
| **Have any crew or passengers had contact with any suspected or confirmed case of COVID-19 or anyone under COVID-19 monitoring in the last 14 days?** |  |  |

|  |  |
| --- | --- |
| **Signed** |  |
| **Position** |  |