

ANNEX 1 of COVID-19 Outbreak-Emergency Management Plan

Pre-Boarding Questionnaire

This questionnaire is to be completed by all seafarers prior to embarkation.

Name as shown in the Seaman's Book:

Questions

Within the past 14 days

No	QUESTION	ANSWER
1.	Have you, had close contact with anyone diagnosed as having Coronavirus disease (COVID-19)?	
2.	Have you, provided care for someone with COVID- 19disease or worked with a healthcare worker infected with COVID-19 disease?	
3.	Have you, visited or stayed in close proximity to anyone with COVID-19 disease?	
4.	Have you, worked in close proximity to or shared the same classroom environment with someone with COVID-19 disease?	
5.	Have you, travelled with a patient with COVID-19 disease in any kind of conveyance?	
6.	Have you, lived in the same household as a patient with COVID-19 disease?	
7.	Have you, in the last 14 days travelled to any of the High Risk rated areas: <ul style="list-style-type: none">• Countries that stated as High Risk	

I, the undersigned, declare that all information provided on this form is TRUE.

Signature:.....