



ITALY - New crew change procedures as from 15/03/2021

We have received following NEW crew change procedures from Italian Ministry of Health

as local agents we must provide Italian Ministry of Health with following information in advance before to proceed with the intended crew change:

ON SIGNERS

We need full crew data details as below:

Surname:
Given Name:
Rank:
Sex:
Date of birth:
Country of Birth:
Nationality:
City:
Email Address:
Mobile Number:
Seaman's book no - Date of issue - Date of expiry.
Passport no - Place of issue - Date of issue - Date of expiry.

- origin of trip, itinerary-and Copy flights E-Ticket,
- Annex 1 duly signed by seafarer
Annex 1 must show body temperature taken twice a day starting from last 14 days from embarking date
- Annex 2 duly signed by seafarer
- Annex 3 duly signed by Owners or Manning Agents
- copy of passport and seaman book of joiners
- Copy negative RT-PCR test effected within 48 hours from embarking date

in addition we require to have

- Copy contract of employment
- Copy valid VISA (if applicable)
- Maritime declaration of Health (as per attached form) updated to crew change's date in .pdf format.

OFF SIGNERS

We need full crew data details as below:

Surname:
Given Name:
Rank:
Sex:
Date of birth:
Country of Birth:
Nationality:
City:
Email Address:
Mobile Number:
Seaman's book no - Date of issue - Date of expiry.
Passport no - Place of issue - Date of issue - Date of expiry

- Annex 1 duly signed by seafarer
Annex 1 must show body temperature taken twice a day starting from last 14 days from disembarking date
- Annex 2 duly signed by seafarer
- Copy passport and seaman book
- Copy negative RT-PCR test effected the date of disembarking
as result of RT-PCR test takes 48 hours the seafarer must await the result before his repatriation on board vessel or in hotel accomodation but always strictly following safety procedures/precautions against covid-19 and to continue the body temperature twice a day, upgrading the daily records

in addition we require to have

- Copy valid VISA (if applicable)
- Full itinerary
- Copy flights E-Ticket, PTA / PNR Number
- Maritime declaration of Health (as per attached form) updated to crew change's date in .pdf format.

DICHIARAZIONE MARITTIMA DI SANITÀ

Da completare e trasmettere alle autorità competenti da parte dei comandanti delle navi provenienti dai porti stranieri

Maritime Declaration of Health

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports.

Declaration Maritime de Santé

A remplir par les capitaines des navires en provenance de ports étrangers et à présenter aux autorités compétentes.

Presentato al porto di (Submitted at the port of/Présentée au port de) _____ Data (Date) ____/____/____

Nome della nave o del mezzo di navigazione interna _____ N. immatricolazione/IMO _____
(Name of ship or inland navigation vessel) (Registration/IMO No)
(Nom du navire ou du bateau de navigation intérieure) (Numéro d'immatriculation/OMI)

Proveniente da (Arriving from/En provenance de) _____ In viaggio verso (sailing to/ a destination de) _____

Nazionalità-Bandiera del mezzo di navigazione... _____ Nome del comandante _____
(Nationality-Flag of vessel /Nationalité-Pavillon du navire) (Master's name/ Nom du capitaine)

Stazza lorda nave (Gross tonnage ship/Jauge brute navire).....

Stazza mezzo di navigazione interno (Tonnage inland navigation vessel /Jauge bateau de navigation intérieure)

Certificato di Controllo/ Esenzione dalla Sanificazione valido eseguito a bordo? Sì No
(Valid Sanitation Control Exemption/Control Certificate carried on board?) (Yes) (No)
(Certificat valable de contrôle/d'exemption de contrôle sanitaire à bord?) (Oui) (Non)

Emesso a (Issue at/ délivré à) _____ data (date) ____/____/____

Richiesta nuova ispezione? (Re-inspection required? Nouvelle inspection requise?) Sì No
(Yes) (No)
(Oui) (Non)

La nave/il mezzo di navigazione hanno viaggiato in un'area affetta identificata dall'OMS Sì No
(Has ship/vessel visited an affected area identified by the World Health Organization?) (Yes) (No)
(Le navire/bateau s'est-il rendu dans une zone affectée telle que définie par l'OMS?) (Oui) (Non)

Porto e data del passaggio (Port and date of visit/ Nom du porte et date de la visite) _____ data (date) ____/____/____

Elenco dei porti di scalo dall'inizio del viaggio, indicando la data di partenza, o comunque negli ultimi trenta giorni:

(List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter)
(Liste des escalés depuis le début du voyage (avec indication des dates de départ) ou au cours des 30 derniers jours, à moins que le voyage n'ait duré moins de 30 jours)

Su richiesta dell'autorità competente del porto di arrivo, compilare un elenco dei membri dell'equipaggio, dei passeggeri e delle altre persone che siano saliti a bordo della nave/del mezzo di navigazione dall'inizio del viaggio internazionale o comunque negli ultimi trenta giorni, includendo tutti i porti/gli stati visitati in tale periodo (aggiungere i nomi al modulo allegato):

(Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):

(Si l'autorité compétente du port d'arrivée en fait la demande, liste des membres de l'équipage, passagers ou autres personnes qui ont embarqué sur le navire/bateau depuis le début du voyage international ou au cours des 30 derniers jours, à moins que le voyage n'ait duré moins de 30 jours, et nom de tous les ports/pays visités au cours de cette période (ajouter les noms dans le tableau ci-après):

(1) Nome/name/nom.....a bordo da/joined from/embarqué à: (1) _____ (2) _____ (3) _____

(2) Nome/name/noma bordo da/joined from/embarqué à: (1) _____ (2) _____ (3) _____

Nome/name/noma bordo da/joined from/embarqué à: (1) _____ (2) _____ (3) _____

Numero dei membri dell'equipaggio a bordo _____ Numero dei passeggeri a bordo _____
(Number of crew members on board) (Number of passengers on board)
(Effectif de l'équipage) (Nombre de passagers à bord)

QUESITI DI CARATTERE SANITARIO

(Health questions)

(Questions de santé)

1. Sono morte persone a bordo durante il viaggio per motivi diversi dal verificarsi di un incidente? **Si** **No**
(Has any person died on board during the voyage otherwise than as a result of accident? (Yes) (No)
(Y a-t-il eu un décès a borda au cours du voyage, autrement que par accident? (Oui) (Non)

Se sì, spiegare dettagliatamente nel modulo allegato.

(If yes, state particulars in attached schedule)

(Si oui donner le détails dans le tableau ci-après)

Numero totale di morti _____

(Total no. of deaths)

(Nombre total de décès)

2. A bordo, o durante il viaggio internazionale, si sono verificati casi di malattia che si sospetta essere di natura infettiva? **Si** **No**
(Is there on board or has there been during the international voyage any case of disease which you suspect to be on an infectious nature?) (Yes) (No)
(Y a-t-il à bord, ou y a-t-il eu au cours du voyage international, des cas suspects de maladie de caractère infectieux?) (Oui) (Non)

Se sì, spiegare dettagliatamente nel modulo allegato.

(If yes, state particulars in attached schedule)

(Si oui, donner les détails dans le tableau ci-après.)

3. Il numero totale di passeggeri ammalati durante il viaggio è stato maggiore del normale/previsto? **Si** **No**
(Has the total number of ill passengers during the voyage been greater than normal/expected?) (Yes) (No)
(Le nombre total de passagers malades au cours du voyage a-t-il été supérieur à la normale/au nombre escompté?) (Oui) (Non)

Quante persone. _____

(How many ill persons?)

(Quel a été le nombre de malades ?)

4. Sono presenti persone ammalate a bordo in questo momento? **Si** **No** Se sì, spiegare dettagliatamente nel modulo allegato.
(Is there any ill person on board now?) (Yes)no..... If yes, state particulars in attached schedule.)
(Y a-t-il actuellement des malades à bord?) (Oui)..... non.....Si oui, donner les détails dans le tableau ci-après)

5. E' stato consultato un medico? **Si** **No** Se sì, spiegare i dettagli della terapia o della consulenza nel modulo allegato
(Was a medical practitioner consulted? Yes.....no.....If yes, state particulars of medical treatment or advice provided in attached schedule)
(Un médecin a t-il été consulté? Oui.....Non.....Si oui, donner le détails du traitement ou des avis médicaux dans le tableau ci-après)

6. Siete a conoscenza di patologie a bordo che possano provocare un'infezione o il diffondersi di malattie? **Si** **No**
(Are you aware of any condition on board which may lead to infection or spread of disease?) (Yes) (No)
(Avez-vous connaissance de l'existence à bord d'une affection susceptible d'être à l'origine d'une infection ou de la propagation d'une maladie?) (Oui) (Non)

Se sì, spiegare dettagliatamente nel modulo allegato

(If yes, state particulars in attached schedule)

(Si oui, donner les détails dans le tableau ci- après)

7. A bordo sono state adottate misure sanitarie (ad esempio quarantena, isolamento, disinfezione o decontaminazione)? **Si** **No**
(Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board?) (Yes) (No)
(Des mesures sanitaires quelconques (quarantaine, isolement, disinfection ou decontamination, par ex.) ont-elles été prises à bord?) (Oui) (Non)

Se sì, specificare il tipo, il luogo _____

(If yes, specify type, place and date)

(Si oui, préciser lesquelles, le lieu et la date)

e la data ____/____/_____

8. Sono stati scoperti clandestini a bordo? Sì No
(Have any stowaways been found on board?) (Yes) (No)
(Des passagers clandestins ont-ils été découverts à bord?) (Oui) (Non)

Se sì, dove sono saliti a bordo della nave (se noto)?.._____

(If yes, where did they join the ship (if known)?)

(Si oui, où sont-ils montés à bord (à votre connaissance)?)

9. A bordo sono presenti animali ammalati? Sì No
(Is there a sick animal or pet on board?) (Yes) (No)
(Y a-t-il un animal/animal de compagnie malade à bord?) (Oui) (Non)

Nota: in assenza di un medico, il comandante deve considerare i seguenti sintomi come ragione per sospettare l'esistenza di una malattia di natura infettiva:

(a) febbre, persistente per diversi giorni o accompagnata da (i) prostrazione; (ii) perdita di lucidità; (iii) tumefazione dei linfonodi; (iv) ittero; (v) tosse o affanno; (vi) sanguinamento inusuale; o (vii) paralisi.

(b) con o senza febbre: (i) eruzione o eritema cutanei acuti; (ii) vomito grave (per cause diverse da mal di mare); (iii) diarrea grave; o (iv) convulsioni ricorrenti.

Note: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:

(a) fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.

(b) With or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhoea; or (iv) recurrent convulsions.

Note: En l'absence d'un médecin, le capitaine doit considérer les symptômes suivants comme des signes faisant présumer l'existence d'une maladie de caractère infectieux

(a) fièvre, persistant plusieurs jours, accompagnée de: i) prostration; ii) diminution de la conscience; iii) hypertrophie ganglionnaire; iv) ictère; v) toux ou difficultés respiratoires; vi) saignements inhabituels; ou vii) paralysie.

(b) Fièvre, ou absence de fièvre, accompagnée de: i) érythème ou éruption cutanée aiguë; ii) forts vomissements (non provoqués par le mal de mer); iii) diarrhée sévère; ou iv) convulsions récurrentes.

Dichiaro con la presente che i dettagli e le risposte ai quesiti posti nella presente Dichiarazione di Sanità (incluso il modulo) sono veritieri e corretti in base alle mie conoscenze.

(I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief)

(Je déclare que les renseignements et réponses figurant dans la présente déclaration de santé (y compris le tableau) sont, à ma connaissance, exacts et conformes à la vérité)

Controfirmato/Countersigned/Contresigné

Medico (se a bordo) /Ship's Surgeon (if carried)/Médecin de bord (s'il y a lieu):

Firmato/Signed/Signé
Comandante/Master/Capitaine

Data/Date ____/____/____

ALLEGATO ALLA DICHIARAZIONE MARITTIMA DI SANITA'
 ATTACHEMENT TO MARITIME DECLARATION OF HEALTH
 PIECE JOINTE AU DECLARATION MARITIME DE SANTE'

Nome <i>Name</i> <i>Nom</i>	Classe o qualifica <i>Class or</i> <i>Classe ou</i> <i>functions à</i> <i>bord</i>	Età <i>Age</i> <i>Age</i>	Sesso <i>Sex</i> <i>Sexe</i>	Nazionalità <i>Nationality</i> <i>Nationalité</i>	Porto data di arrivo a bordo della nave/ mezzo di navigazione <i>Port, date joined</i> <i>ship/vessel</i> <i>Port et date</i> <i>d'embarquement</i>	Natura della malattia <i>Nature of</i> <i>illness</i> <i>Nature de la</i> <i>maladie</i>	Data di inizio dei sintomi <i>Date of onset</i> <i>of symptoms</i> <i>Date</i> <i>d'apparition</i> <i>des</i> <i>symptômes</i>	Segnalati ad un funzionario medico del porto? <i>Reported to a port</i> <i>medical officer?</i> <i>Signalée au</i> <i>medicin du port?</i>	Gestione del caso* <i>Disposal</i> <i>case*</i> <i>Issue*</i>	Medicinali o altre terapie somministrati al paziente. <i>Drugs, medicines or</i> <i>other treatment</i> <i>given to patient</i> <i>Mediacaments ou</i> <i>autres traitement</i> <i>administers au</i> <i>patient</i>	Commenti <i>Comments</i> <i>Observations</i>

*Stato: (1) se la persona è guarita, è ancora ammalata o è morta; e (2) se la persona è ancora a bordo, è stata evacuata (incluso il nome del porto o aeroporto), o è stata sepolta in mare.

* State: (1) whether the person recovered, is still ill or died; and (2) whether the person is still on board, was evacuated (including the name of the port or airport), or was buried at sea.

* Indiquer : (1) si la personne s'est rétablie, si elle est encore malade ou si elle est décédée; et (2) si la personne est encore à bord, si elle a été évacuée (donner le nom du port ou de l'aéroport), ou si son corps a été immergé.

DAILY CREW TEMPERATURE CHECK RECORDS

Name of Seafarer:

I confirm that the information below is an accurate record of my body temperature.

Date	Check 1 temperature in degrees Celsius	Time	Check 2 temperature in degrees Celsius	Time

Signature:

Date:

CREW HEALTH SELF-DECLARATION

Date:

Full Name
(as found on passport or other ID)

Last (Family) Name:

First (Given) Name:

Name of Ship:

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

2. 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:

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

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

5. 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

6. 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:

7. Had close contact with anyone that has tested positive for coronavirus (COVID 19)? Yes / No
(*Close contact* means being at a distance of less than one metre for more than 15 minutes.)

8. Had close contact with anyone with symptoms of the coronavirus (COVID-19)? Yes / No
(*Close contact* means being at a distance of less than one metre for more than 15 minutes.)

9. 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:

Certificate for International Transport Workers

It is hereby confirmed that the person:

Name and surname:

Birthdate:

Residence:

carries out activities in international transport as *

- a driver of a heavy goods vehicle (HGV)
- a bus driver
- a public transport aircraft crew
- a train driver
- a train crew
- a carriage inspector
- a ship's captain/a boatmaster
- a vessel crew member
- a road administration crew a driver of a vehicle of up to 9 persons carrying one of the above categories of persons, who is an employee of the same employer and transports them to or from the workplace, and empty journeys connected with such transports
- comply with the content of Protocol for seafarers to join the ship, for shore leave and to leave the ship for repatriation published on Italian Decree dated 2nd March 2021.

* *Mark with a cross*

Place, date:

For the company/office/organization
(Name and signature):