

Please answer the following questions by ticking (Y for YES & N for NO)

1. Do you or any of your crew have fever, cough, sore throat, runny nose, shortness of breath, diarrhoea and muscle aches?

 Y

 N

If your answer is YES, kindly provide the below details

Symptoms				
Name of Crew	Home Country	Date Crew Embarked	Date when first symptoms was detected	Type of symptoms

2. Have you or any of your crew recently travelled to China or any part of the world with records of the virus within the past 14 days or prior to signing on/embarkation?

 Y

 N

If your answer is YES, kindly provide the below details

Potential Contact with Virus		
Name of Crew	Home Country	Date Crew Embarked

Have you or any of your crew recently had encounter with person(s) from any of the affected regions?

 Y

 N

If your answer is YES, kindly provide the below details

Potential Contact with Virus		
Name of Crew	Home Country	Date Crew Embarked



DECLARATION BY MASTER OF VESSEL

I ,....., Master ofdeclare that information provided above is true and accurate to my best of knowledge and that I should be held responsible anytime it is found untrue or otherwise.

.....

Date (MM/DD/YY)

.....

Signature & Stamp

Thank you for your cooperation.

MANAGEMENT

ABB/CBM/SPM TERMINAL