



Captain's declaration on COVID-19 suspect cases on board vessel

Questionnaire to be completed and signed by vessel's captain and doctor if carried.

Captain's name:

Vessel name:

Vessel Call Sign:

Vessel IMO number:

Questions

Has anyone on-board your vessel, crew or passengers, within the past 14 days, to the best of your knowledge ...
... been in a COVID-19 defined area with risk of infection ? YES NO
if YES, do these persons show symptoms of COVID-19 (fever accompanied by cough, or difficulty breathing)? YES NO
<u>Comments:</u>
... had close contact with anyone diagnosed as having coronavirus disease (COVID-19)? YES NO
<u>Comments:</u>
... provided care for someone with COVID-19 disease or worked with a healthcare worker infected with COVID-19 disease? YES NO
<u>Comments:</u>
... visited or stayed in close proximity to anyone with COVID-19 disease? YES NO
<u>Comments:</u>
... worked in close proximity to or shared the same classroom environment with someone with COVID-19 disease? YES NO
<u>Comments:</u>
... travelled with a patient with COVID-19 disease in any kind of conveyance? YES NO
<u>Comments:</u>
... lived in the same household as a patient with COVID-19 disease? YES NO
<u>Comments:</u>

Date and doctor's signature (if carried)

Date and captain's signature

When form has been filled in and signed, scan and <mailto:sar@icg.is>, Icelandic Coast Guard