**Health Monitoring Questionnaire for Passengers and Crew**

To ensure the ongoing health and safety of everyone on board, please complete the following health questionnaire. This questionnaire will help us continuously monitor your health throughout the voyage and take appropriate action if anyone shows signs of illness. Your cooperation is vital in maintaining a healthy environment for all.

**Personal Information**:

Full Name:

Cabin/Room Number (if applicable):

Position/Job Title (for crew members):

Contact Information:

Date of Completion:

1. Have you experienced any of the following symptoms in the past 24 hours?

* Fever (temperature above 100.4°F/38°C)
* Cough
* Shortness of breath or difficulty breathing
* Sore throat
* Muscle or body aches
* Fatigue
* Loss of taste or smell
* Other symptoms (please specify):

2. Have you been in close contact with anyone who has tested positive for COVID-19 or has experienced symptoms of COVID-19 in the past 14 days?

□ Yes

□ No

 Not sure

3. Do you have any underlying medical conditions that may increase your risk of severe illness from COVID-19 or other infectious diseases?

□ Yes

□ No

□ Prefer not to answer

Is there anything else you would like to report or any concerns you would like to share regarding your health or the health of others on board?

**Declaration**:

I hereby certify that the information provided above is true and accurate to the best of my knowledge. I understand the importance of monitoring my health and promptly reporting any symptoms or concerns to designated medical personnel on board.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your cooperation in helping us maintain a safe and healthy environment for all passengers and crew members on board.