Pre-departure health screening for all crew members is a critical step in preventing the spread of infectious diseases like COVID-19 on board a passenger ship. The screening process should be comprehensive and may include the following measures:

**1. Symptom Check:**

Conduct a thorough symptom check for each crew member, including screening for common COVID-19 symptoms such as fever, cough, shortness of breath, fatigue, muscle or body aches, headache, sore throat, loss of taste or smell, congestion or runny nose, nausea or vomiting, and diarrhea.

**2. Temperature Screening:**

Use non-contact infrared thermometers to measure the body temperature of each crew member. A temperature above the established threshold may indicate a potential infection.

**3. Travel History Review:**

Ask about the recent travel history of each crew member, including any exposure to high-risk areas or individuals with confirmed COVID-19 cases.

**4. Health Questionnaire:**

Administer a health questionnaire to gather information about any recent illnesses, contact with sick individuals, or potential exposure to infectious diseases.

**5. Testing Protocols:**

Depending on available resources and regulations, consider implementing COVID-19 testing for all crew members. This could include PCR (Polymerase Chain Reaction) tests or rapid antigen tests.

**6. Quarantine Protocols:**

Ensure that crew members who have recently joined the ship or have been on leave undergo a pre-departure quarantine period, especially if they have traveled to high-risk areas.

**7. Medical Examination:**

Conduct a general medical examination to identify any pre-existing health conditions that might make a crew member more susceptible to severe illness if infected.

**8. Review of Immunization Records:**

Confirm that all crew members have up-to-date vaccinations, especially for diseases that may exacerbate the impact of a respiratory infection.

**9. Fitness for Duty Assessment:**

Assess the overall fitness for duty of each crew member, considering both physical and mental health.

**10. Education and Training:**

Provide ongoing education and training to crew members on recognizing COVID-19 symptoms, the importance of reporting symptoms promptly, and the adherence to health and safety protocols.

**11. Isolation and Reporting Procedures:**

Ensure that crew members are aware of the procedures for isolating themselves if they develop symptoms and the importance of reporting their health status to relevant authorities promptly.

**12. Personal Protective Equipment (PPE):**

Confirm that crew members have access to and are trained in the proper use of personal protective equipment, including masks, gloves, and face shields.

**13. Documentation Review:**

Verify that all health-related documentation, including medical certificates and COVID-19 test results, is up to date and in compliance with relevant regulations.

**14. Communication of Protocols:**

Clearly communicate the pre-departure health screening protocols to all crew members, ensuring they understand the importance of adherence for the safety of everyone on board.

**Pre-Departure Health Questionnaire**

**Personal Information**:

Full Name:

Position/Job Title:

Date of Birth:

Contact Number:

Email Address:

Crew ID/Passport Number:

Home Address:

**Health Status**:

1. Do you currently have any symptoms of illness? (e.g., fever, cough, shortness of breath, fatigue, muscle or body aches, headache, sore throat, loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea)

 □ Yes

 □ No

2. Have you been diagnosed with COVID-19 in the past 14 days?

 □ Yes

 □ No

3. Have you been in close contact with someone who has been diagnosed with COVID-19 in the past 14 days?

 □ Yes

 □ No

4. Have you been advised to self-isolate or quarantine by a healthcare professional or public health authority in the past 14 days?

 □ Yes

 □ No

 **Travel History**

5. Have you traveled internationally in the past 14 days?

 □ Yes

 □ No

If yes, please list the countries or regions visited, and the dates of travel:

6. Have you traveled domestically (within the country) in the past 14 days?

 □ Yes

 □ No

 If yes, please list the cities or regions visited, and the dates of travel:

**General Health and Wellness**:

7. Do you have any pre-existing medical conditions that may increase the risk of severe illness if you contract an infectious disease?

 □ Yes

 □ No

 If yes, please specify:

8. Are you currently taking any medications?

 □ Yes

 □ No

If yes, please list:

9. Have you received all necessary vaccinations, including any recommended for international travel?

 □ Yes

 □ No

If no, please specify:

**Awareness and Compliance**:

10. Are you aware of and familiar with the ship's health and safety protocols related to infectious diseases, including COVID-19?

 □ Yes

 □ No

11. Do you understand the importance of reporting any symptoms or potential exposure promptly to the designated authorities on board?

 □ Yes

 □ No

**Declaration:**

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand the importance of maintaining my health and following the ship's health and safety protocols for the well-being of myself and others on board.

Crew Member's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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