**Isolation and Quarantine Procedures Questionnaire**

**Personal Information**:

Full Name:

Position/Job Title:

Crew ID/Passport Number:

Department/Section:

**Understanding of Isolation and Quarantine Procedures**:

1. Do you understand the difference between isolation and quarantine, and when each should be implemented for individuals showing symptoms of a pandemic illness?

□ Yes

□ No

2. Can you describe the procedures for isolating and quarantining passengers or crew members who develop symptoms of a pandemic illness on board the ship?

□ Yes

□ No

If yes, please provide details:

**Identification and Reporting of Symptoms**:

3. Are you familiar with the symptoms of common pandemic illnesses, such as COVID-19, and do you know how to recognize them in passengers or crew members?

□ Yes

□ No

4. Do you understand the importance of promptly reporting suspected cases of pandemic illness to designated health authorities on board?

□ Yes

□ No

**Management of Cases**:

5. Do you know who to contact and what steps to take if a passenger or crew member develops symptoms of a pandemic illness while on board?

□ Yes

□ No

6. Are you aware of the designated isolation areas on board the ship and the protocols for transferring and managing individuals in isolation?

□ Yes

□ No

**Medical Facilities and Staff**:

7. Do you know the location of medical facilities on board and the qualifications of medical staff or designated personnel responsible for managing cases of pandemic illness?

□ Yes

□ No

8. Are you aware of the medical equipment and supplies available on board to manage cases of pandemic illness, including respiratory support devices and testing kits?

□ Yes

□ No

**Training and Education**:

9. Have you received training or instructions on the procedures for isolating and quarantining individuals showing symptoms of pandemic illness as part of your onboard safety training?

□ Yes

□ No

10. Do you actively seek out information or updates on isolation and quarantine protocols to ensure you are prepared to respond effectively to pandemic-related situations on board?

□ Yes

□ No

**Suggestions and Feedback**:

11. Do you have any suggestions or feedback regarding the procedures for isolating and quarantining individuals on board? Please provide details below:

**Declaration**:

I hereby confirm that I understand the procedures for isolating and quarantining passengers or crew members who develop symptoms of a pandemic illness on board the ship. I am committed to promptly identifying and reporting suspected cases and ensuring that individuals receive appropriate medical care while minimizing the risk of transmission to others.

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

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

Note: This questionnaire aims to assess crew members' understanding of and readiness to implement procedures for isolating and quarantining individuals showing symptoms of pandemic illness on board the ship. Regular training, reinforcement, and communication are essential to ensure that crew members are prepared to respond effectively to such situations and protect the health and safety of everyone on board.