**PANAMA MARITIME AUTHORITY**

**CREW HEALTH SELF-DECLARATION FORM**

**SHIP CREW CHANGES**

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| **CREW DATA** |
| Name |  |
| Date of Birth |  |
| Contact |  |
| Place of Ordinary Residence |  |
| **Medical Certificate to Work Onboard** |
| Data of Issuance |  |
| Doctor |  |
| Number/Reference |  |
| Date of Expiration |  |
| **Crew Change Type** |
| Joining ship | ☐ | Leaving ship | ☐ |
| **If joining the ship** |
| Ship Name |  |
| IMO Number |  |
| Flag State |  |
| Position |  |
| **If leaving the ship** |
| Ship Name |  |
| IMO Number |  |
| Flag State |  |
| Position |  |
| Have gone on shore leave in the last 14 days? | YES ☐ | NO ☐ |
| Have you maintained a safe distance from any shore-side personnel that have boarded the ship in the last 14 days? | YES ☐ | NO ☐ |
| Have you received information and guidance on the coronavirus (COVID-19), including about standard health protection measures and precautions? | YES ☐ | NO ☐ |
| Do you understand and comply with applicable standard health protection measures and precautions to prevent the spread of the coronavirus (COVID-19), such as proper hand washing, coughing etiquette, appropriate social distancing? | YES ☐ | NO ☐ |

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| **If Joining or Leaving the Ship (During the last 14 days, ¿Have you…)** |
| Tested positive for being infected with the coronavirus (COVID-19)? | Yes ☐ | NO ☐ | If "Yes", please provide date of test and name of test |
| Shown any symptoms associated with the coronavirus (COVID-19) | COUGH | Yes ☐ | NO ☐ |
| FEVER | Yes ☐ | NO ☐ |
| Completed a period of self-isolation related to the coronavirus (COVID-19)? | Yes ☐ | NO ☐ |
| **If "Yes", please explain the circumstances and the length of self-isolation.** |
| Had close contact with anyone that has tested positive for coronavirus (COVID-19)? ("Close contact" means being at less than one meter for more than 15 minutes.) | Yes ☐ | NO ☐ |
| Had close contact with anyone with symptoms of the coronavirus (COVID-19)? ("Close contact" means being at less than one meter for more than 15 minutes.) | Yes ☐ | NO ☐ |
| Maintained good personal hygiene and complied with applicable health protection measures and precautions? | Yes ☐ | NO ☐ |

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| **Note: I confirm that the information provided above is correct to the best of my knowledge.** |
| **Signature** |  |
| ID Number |  |
| Date of completion of this form: |  |