**Corona Checklist**

In attempt to prevent the spread of the Corona virus we ask you to read the letter and fill out the below questionnaire.

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| **Subject** | **Check** |
| Vessel |  |
| Name |  |
| Boarding date |  |
| Does your body temperature exceed 38°C | Yes / No |
| Do you have a cough | Yes / No |
| Shortness of breath | Yes / No |
| Have you travelled from, visited or  transited via any other country than  your homeland in the last 14 days?  List of other countries visited in the  last 14 days: | -  -  -  -  - |
| Are you experiencing any health or pre-  existing health conditions that would  make you more sensitive to COVID-19? | Yes / No |
| Any other relevant or information  related to COVID-19 you need to share? | Yes / No |
| Have you been in contact with a person  that has been diagnosed or has  symptoms of the CORVID-19 virus in  the past 14 days? | Yes / No |
| **Signature**  Declares that above answers are  truthfully answered. | **Date**  / / |
| **Is all clear**  Any questions? |  |