**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 ortransited via any other country than your homeland in the last 14 days?List of other countries visited in thelast 14 days: | ----- |
| Are you experiencing any health or pre-existing health conditions that wouldmake 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 personthat has been diagnosed or has symptoms of the CORVID-19 virus inthe past 14 days? | Yes / No |
| **Signature**Declares that above answers are truthfully answered. | **Date** / / |
| **Is all clear**Any questions? |  |