

**SUPPLEMENTARY QUESTIONS IN ADDITION TO THE
MARITIME DECLARATION OF HEALTH FORM**

ANNEX 8 – INTERNATIONAL HEALTH REGULATIONS

COVID-19 Virus Questions

NAME OF VESSEL	
IMO NUMBER	
DATE and ETA at [insert name of port]	

PLEASE TICK THE APPROPRIATE BOX

Has any passenger or member of crew tested positive for COVID-19 in the past 14 days	YES	NO

IF YES

Name	Passenger or crew	Date +ve	Symptomatic	On board	If Yes are they in isolation	If No are when did they disembark
	Pass/Crew		Yes/No	Yes/No	Yes/No	
	Pass/Crew		Yes/No	Yes/No	Yes/No	
	Pass/Crew		Yes/No	Yes/No	Yes/No	
	Pass/Crew		Yes/No	Yes/No	Yes/No	

IF YES

How many persons are in self-isolation	Passengers	Crew

Have there been any crew or passenger changes in the last 14 days?	YES	NO

IF YES

	YES	NO
Have any crew or passengers travelled through countries outwith the Common Travel Area in the last 14 days?		
Please specify which area(s) visited		
Have any crew or passengers had contact with any suspected or confirmed case of COVID-19 or anyone under COVID-19 monitoring in the last 14 days?		

Signed	
Position	