|  |
| --- |
| **General Information** |
| **Vessel:** | **Location vessel:** |
| **Name:** | **Pin number:** |
| **Boarding date:** | **Employer:** |
| **Questionnaire to be completed fully** |
| Have you travelled from, visited or transited via any of the below mentioned **high risk areas** with COVID-19 outbreaks in the **last 14 days**?- China mainland- Italy- Iran- South Korea | Yes - No Yes - No Yes - No Yes - No |
|  |  |
| **SIGNATURE** | **DATE** |

Coronavirus Pre-Boarding Checklist for Vessels Rev2