

Date:
Name:
Vessel:

COVID-19 PRE-TRAVEL QUESTIONNAIRE

1. HAVE YOU BEEN TO ANY **HIGH RISK** COUNTRIES IN THE PAST 14 DAYS? **YES** **NO**
CURRENTLY (as of 9Mar2020):
- a. CHINA (INCLUDING HONG KONG AND MACAU)
 - b. Italy
 - c. Iran
 - d. South Korea
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2. HAVE YOU BEEN TO ANY SIGNIFICANT RISK COUNTRIES IN THE PAST 14 DAYS? **YES** **NO**
CURRENTLY (as of 9Mar2020):
- a. France
 - b. Germany
 - c. Japan
 - d. Singapore
 - e. Spain
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3. ARE YOU CURRENTLY SICK? **YES** **NO**
- a. FEVER
 - b. CHILLS
 - c. COUGH
 - d. SORE THROAT
 - e. SHORTNESS OF BREATH
 - f. BODY ACHES

****IF YOU DEVELOP ANY OF THESE SYMPTOMS, CONTACT YOUR MEDICAL DEPARTMENT**

4. HAVE YOU HAD CLOSE PERSONAL CONTACT, AS DEFINED BELOW, WITH ANYONE WHO IS SICK IN THE PAST 14 DAYS? (SAME SYMPTOMS AS 3.a-f ABOVE) **YES** **NO**
- a. Within 6 Feet
 - b. In a confined space (cab, small room, shared stateroom, berthing proximity, office, etc)
 - c. Had direct contact with infectious secretions (been coughed, sneezed on, etc.)
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5. HAVE YOU VISITED ANY MEDICAL FACILITY IN THE LAST 14 DAYS? **YES** **NO**
- a. Facility visited: _____ (Medical Dept can query if cases reported there)
 - b. If "Yes", for Medical Department Representative inquiry only:
 - i. For what condition/reason: _____
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