

## Illness Questionnaire

**Crewman** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Vessel:** \_\_\_\_\_

1. Do you know anyone who is sick with the Flu like symptoms? \_\_\_\_\_
2. Is there anyone in your home showing Flu Like symptoms? \_\_\_\_\_
3. Has it been identified by a Doctor? \_\_\_\_\_ What is it? \_\_\_\_\_
4. Is there a Fever? How high? \_\_\_\_\_
5. How close is the person? \_\_\_\_\_ (Mother, brother, aunt, friend, etc)
6. When was your last contact? \_\_\_\_\_
7. Have you been having any illness or flu like symptoms? \_\_\_\_\_
8. Fever? \_\_\_ Degree \_\_\_ Coughing? \_\_\_ Aches/Pains? \_\_\_ Breathing Problems? \_\_\_
9. When did you first develop symptoms? \_\_\_\_\_
10. When was the last time you had symptoms? \_\_\_\_\_
11. Have you attended any events in the last 14 days in a social setting where there are more than 10 people? (concert, bars, restaurants) Had a family gathering? Hanging out with friends? Church? Traveled on Bus or Plane?
12. NOTES: \_\_\_\_\_  
\_\_\_\_\_
13. Determination: \_\_\_\_\_
14. Your Temperature \_\_\_\_\_ (Taken this morning at DMS)
15. Is this person coughing, sneezing, nose running, looking weak? \_\_\_\_\_
16. Has this person been instructed on the importance of sanitizing their work area according to guidelines provided by DMS? \_\_\_\_\_ Given Documents? \_\_\_\_\_
17. Have they been advised that those same guidelines should be used at home? \_\_\_\_\_

It has been determined that if you do not answer this questionnaire truthfully, and knowingly expose others to an illness that you are subject to arrest and prosecution.

Signature \_\_\_\_\_ Date \_\_\_\_\_