



Captain's declaration on COVID-19 suspect cases on board vessel

The questionnaire should be completed and signed by vessel's captain.

Captain's name:

Vessel name:

Vessel Call Sign:

Vessel IMO number:

Questions

<p>Has anyone on-board your vessel, crew or passengers, within the past 14 days, to the best of your knowledge</p> <p>been in a COVID-19 defined area with risk of infection? YES NO</p> <p>if YES, do these persons show symptoms of COVID-19 (fever accompanied by cough, or difficulty breathing)? YES NO</p> <p><u>Comments:</u></p>
<p>had close contact with anyone diagnosed as having coronavirus disease (COVID-19)?</p> <p>YES NO</p> <p><u>Comments:</u></p>
<p>provided care for someone with COVID-19 disease or worked with a healthcare worker infected with COVID-19 disease? YES NO</p> <p><u>Comments:</u></p>
<p>visited or stayed in close proximity to anyone with COVID-19 disease? YES NO</p> <p><u>Comments:</u></p>
<p>worked in close proximity to or shared the same classroom environment with someone with COVID-19 disease? YES NO</p> <p><u>Comments:</u></p>
<p>travelled with a patient with COVID-19 disease in any kind of conveyance? YES NO</p> <p><u>Comments:</u></p>
<p>lived in the same household as a patient with COVID-19 disease? YES NO</p> <p><u>Comments:</u></p>

Date and captain's signature

When form has been filled in and signed, scan and <mailto:sar@icg.is>, Icelandic Coast Guard