

NOVEL CORONAVIRUS RISK SELF DECLARATION CHECK LIST, FOR PERSONS INTENDING TO TRAVEL ON A CLdN VESSEL.

The check list below is to be completed by Passengers for travel on CLdN vessels in advance of any trip and is to help ensure that any such passengers have implemented sufficient controls to be allowed onboard. The declaration also confirms recent travel history, likely contact with infected persons and that the passenger is not knowingly suffering from any of the symptoms of Covid 19.

The completed form should be scanned and forwarded by e mail to the applicable bookings department. ukbookings@cldn.com

Questions to be answered by any potential Passenger.

Please list below all countries visited or transited via Airports, Sea Ports, or any type of land vehicle in the past 14 days, other than the country the vessel you will travel on is currently berthed. Write 'None' if you have not travelled.

All fields marked in yellow are mandatory.

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1. Have you knowingly had close contact with any person Suffering from the symptoms of, or diagnosed with Covid-19 in the past 14 days? Y/N If YES access will be denied

 2. You are required to wear your own supplied face mask when entering the vessel and when moving around that vessel and at all times when in the accommodation, enclosed spaces, or as instructed by ships staff. Agree? Y/N If NO access will be denied

 3. Will you have in your possession a suitable anti-bacterial Hand gel or wipes and gloves for the visit. Y/N Advise watchman if lost?

 4. Do you agree to having your temperature taken remotely when first entering the vessel, if required by the Master? Y/N If NO access will be denied

 5. Social distancing rules are in force and you are required when possible to maintain a distance of 2m from ship's crew. Agree? Y/N If NO access will be denied

Please complete below, then sign and date this form preceded by the declaration below.

I confirm that to the best of my knowledge I have not been infected by Covid 19 and that I do not have any of the symptoms related to this virus. Namely - A fever or high body temperature (>37.5° C) - A new continuous cough- Difficulty breathing- Muscle pain or tiredness- A loss or change to my sense of smell or taste (Anosomia).

Name of Vessel. MV. _____ Pax Name (in Full) _____

Route From _____ To _____

Date of Travel _____ Company Name _____

Vehicle Registration No _____ Signature/Date _____

(Result of LFT. Positive / Negative.) Steward Signature /Date _____