

COVID- 19 SKIPPER/CREW SCREENING / LAUNCHSITE CHECKLIST

Name:	
Date:	
Time:	

I _____ willingly agree to subject myself to the SMALL VESSEL LAUNCH SITE COVID-19 screening procedure. I confirm that the information below are correct, and the questions was answered honestly, and to the best of my knowledge.

1. Temperature: _____ °C
2. Do you have any of the below mentioned symptoms:
 - 2.1. Fever: _____ (Y/N)
 - 2.2. Tiredness: _____ (Y/N)
 - 2.3. Dry cough: _____ (Y/N)
 - 2.4. Shortness of breath _____ (Y/N)
 - 2.5. Aches and pains: _____ (Y/N)
 - 2.6. Nasal congestion: _____ (Y/N)
 - 2.7. Runny nose: _____ (Y/N)
 - 2.8. Sore throat: _____ (Y/N)
 - 2.9. Diarrhoea: _____ (Y/N)
3. Have you had any contact with any other person, in the last 14 days, who has been infected with COVID-19: _____ (Y/N)
4. Do you understand and undertake to;
 - 4.1. Wear a face mask at all times: _____ (Y/N)
 - 4.2. Frequently wash your hands as prescribed, and sanitize your hands: _____ (Y/N) 4.3. Maintain social distancing of at least two meters: _____ (Y/N)
 - 4.3. Inform COVID-19 OFFICER/LAUNCH SITE CONTROLLER as soon as any symptoms, as mentioned above, are present, or when you come into contact with any person who has tested positive for COVID-19: _____ (Y/N)
 - 4.4. By my signature hereunder, I hereby confirm my crew to be in good health and show no signs or symptoms as reflected hereabove. I further confirm as skipper that I have the contact details for all crew on board today.

_____ Signature