**PUBLIC LAUNCH SITE COVID-19 SCREENING FORM**

*Version 1.0 (template)*

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| --- | --- |
| **Full Name:** |  |
| **Contact Number:** |  |
| **Vessel Name:** |  |
| **Date:** |  |
| **Time:** |  |
| **Launch Site:** |  |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ willingly agree to subject myself to the PUBLIC LAUNCH SITE COVID-19 screening procedure. I confirm that the information below is correct, and the questions were answered honestly, and to the best of my knowledge.

1. Temperature: \_\_\_\_\_\_\_\_\_\_ ˚C
2. Do you have any of the below mentioned symptoms:
   1. Fever: \_\_\_\_\_\_\_ (Y/N)
   2. Tiredness: \_\_\_\_\_\_\_ (Y/N)
   3. Dry cough: \_\_\_\_\_\_\_ (Y/N)
   4. Shortness of breath: \_\_\_\_\_\_\_ (Y/N)
   5. Aches and pains: \_\_\_\_\_\_\_ (Y/N)
   6. Nasal congestion: \_\_\_\_\_\_\_ (Y/N)
   7. Runny nose: \_\_\_\_\_\_\_ (Y/N)
   8. Sore throat: \_\_\_\_\_\_\_ (Y/N)
   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:
   1. Wear a face mask at all times: \_\_\_\_\_\_\_ (Y/N)
   2. Frequently wash your hands as prescribed, and sanitize your hands:\_\_\_\_\_\_\_ (Y/N)
   3. Maintain social/physical distancing of at least two meters: \_\_\_\_\_\_\_\_\_\_ (Y/N)
   4. Inform the 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)
   5. Abide by any site rules set by the management body \_\_\_\_\_\_\_\_\_\_\_\_ (Y/N)
   6. By my signature hereunder, I hereby confirm to be in good health and show no signs or symptoms as reflected above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**