

Allegato 1**DAILY CREW TEMPERATURE CHECK RECORDS**

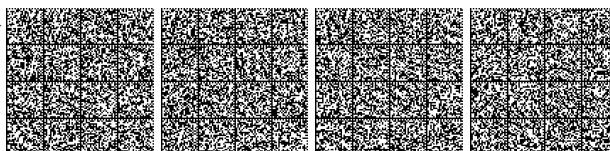
Name of Seafarer:

I confirm that the information below is an accurate record of my body temperature.

Date	Check 1 temperature in degrees Celsius	Time	Check 2 temperature in degrees Celsius	Time

Signature:

Date:



Allegato 2

CREW HEALTH SELF- DECLARATION

Date:

Full Name

(as found on passport or other ID)

Last (Family) Name:

First (Given) Name:

Name of Ship:

1. Have you received information and guidance on the coronavirus (COVID-19), including about standard health protection measures and precautions? Yes / No
2. Do you understand and comply with applicable standard health protection measures and precautions to prevent the spread of the coronavirus (COVID-19), such as proper hand washing, coughing etiquette, appropriate social distancing? Yes / No

During the last 14 days, have you:

3. Tested positive for being infected with the coronavirus (COVID-19)? Yes / No
If "Yes", please provide date of test and name of test:
4. Tested positive for the antibodies for the coronavirus (COVID-19)? Yes / No
If "Yes", please provide date of test and name of test:

5. Shown any symptoms associated with the coronavirus (COVID-19), specifically,

A fever: Yes / No

A dry cough: Yes / No

Tiredness: Yes / No

Shortness of breath: Yes / No

Aches and pains: Yes / No

Sore throat: Yes / No

Diarrhoea: Yes / No

Nausea: Yes / No

Loss or change in taste/smell: Yes / No

Rash: Yes / No

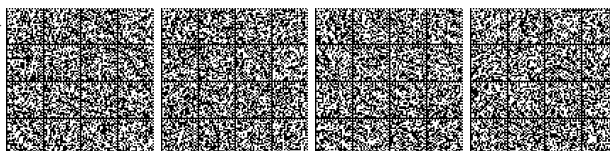
6. Completed a period of self-isolation related to the coronavirus (COVID-19)? Yes / No
If "Yes", please explain the circumstances and the length of self isolation:

7. Had close contact with anyone that has tested positive for coronavirus (COVID 19)? ("Close contact" means being at a distance of less than one metre for more than 15 minutes.) Yes / No
8. Had close contact with anyone with symptoms of the coronavirus (COVID-19)? ("Close contact" means being at a distance of less than one metre for more than 15 minutes.) Yes / No
9. Maintained good personal hygiene and complied with applicable health protection measures and precautions? Yes / No

I confirm that the information provided above is correct to the best of my knowledge.

Signature:

Date:



Allegato 3

Certificate for International Transport Workers

It is hereby confirmed that the person:

Name and surname:

Birthdate:

Residence:

carries out activities in international transport as *

- ☐ a driver of a heavy goods vehicle (HGV)
- ☐ a bus driver
- ☐ a public transport aircraft crew
- ☐ a train driver
- ☐ a train crew
- ☐ a carriage inspector
- ☐ a ship's captain/a boatmaster
- ☒ a vessel crew member
- ☐ a road administration crew
- ☐ a driver of a vehicle of up to 9 persons carrying one of the above categories of persons, who is an employee of the same employer and transports them to or from the workplace, and empty journeys connected with such transports
- ☒ comply with the content of Protocol for joining a ship, shore leave, leaving a ship and repatriation published on Italian Decree dated _____

* Mark with a cross

Place, date:

For the company/office/organization
(Name and signature):

21A01331

MARIO DI IORIO, *redattore*

DELIA CHIARA, *vice redattore*

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