



STATE OF WASHINGTON
BOARD OF PILOTAGE COMMISSIONERS

PILOT TRAINEE DECLARATION OF HEALTH

To be updated daily and submitted to the Washington State Board of Pilotage Commissioners Training Program Coordinator, Jolene Hamel HamelJ@wsdot.wa.gov, on a weekly basis. This document should also to be presented when boarding a ship until the State of Emergency in Washington State has been discontinued. *Note: The Board of Pilotage Commissioners is not responsible for monitoring these declarations.*

Name of Pilot Trainee _____

Date	Temperature Log	
	Time	Temperature °F

Within the past 14 days have you:	Yes	No
Displayed any symptoms (fever above 100°, dry cough, shortness of breath or loss of taste or smell) of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Had any close contact with anyone diagnosed with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Lived in the same household anyone diagnosed with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed State of Washington COVID-19 recommendations?	<input type="checkbox"/>	<input type="checkbox"/>
Been tested for COVID-19 (not required)? Date _____ Results _____	<input type="checkbox"/>	<input type="checkbox"/>
Experienced any symptoms of a cold or flu?	<input type="checkbox"/>	<input type="checkbox"/>

I HEREBY ATTEST THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature: _____