



STATE OF WASHINGTON
BOARD OF PILOTAGE COMMISSIONERS

PILOT DECLARATION OF HEALTH

If requested by the captain/master or agent of the vessel, present this document when boarding a ship until the State of Emergency Proclamation in Washington State has been lifted.

Note: The Board of Pilotage Commissioners is not responsible for monitoring these declarations.

Name of Pilot: _____

Date	Temperature Log Time	Temperature °F

Within the past 14 days have you:	Yes	No
Displayed any symptoms (fever above 100°, dry cough, or shortness of breath) 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"/>

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

Signature: _____

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