

Covid Declaration Form - Removal

Agents are required to enter this data directly into VOYAGER

After Hours E	Email: <u>mov</u> e	ements@fremantleports	s.com.au			REVIS	SION 3	- 29 OCT 2020	
MASTERS ARE REQUIRED TO COMPLETE AND SUBMIT THIS FORM TO THEIR AGENT 6 TO 12 HOURS PRIOR TO PLANNED REMOVAL AND CONFIRM TO FREMANTLE VTS VIA VHF CH 12 AT 2 HOURS PRIOR TO PILOT BOARDING.									
FAILURE TO S	SUPPLY CORR	ECT INFORMATION OR SL	IBMITTING	AN INCOMPLE	TE DECLARATION MAY RE	SULT IN VESSEL DE	LAYS.		
Vessel Name									
Berth/Port Location			Plann	ed Date &	Time of Removal				
Next Port of call									
1. Have any Crew M	1embers/F	Passengers left or	joined	the vessel	in Fremantle?	Yes 🜔	No	0	
If yes:									
A. How many:	Left	Jc	oined						
B. Did joining members quarantine for 14 days in Fremantle? Yes) No	0	
2. Are there any ill crew/passengers onboard (eg, any fever, dry cough, shortage of Yes C No C breath, chest pains, sore throat etc)?								\circ	
If yes:									
A. Please provide fu	urther deta	ails.							

B. Has your agent or health authority been advised of the sick personnel on board? Yes 🔿 No 🔿

3. Have any crew/passengers been in contact with a confirmed or possible COVID-19	Yes 🔘	No 🔿
case in past 14 days?		

PLEASE NOTE: VESSEL MASTER TO CALL FREMANTLE PORTS (VTS) ON VHF CH 12 TWO HOURS PRIOR TO PLANNED REMOVAL TO CONFIRM INFORMATION AND RECEIPT OF ABOVE DECLARATION.