

## PILOT 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](mailto:HamelJ@wsdot.wa.gov), on a weekly basis. This document should also 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: \_\_\_\_\_

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) 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: \_\_\_\_\_

Version 1.3