

# JAMAICA CREW CHANGE ADVICE FORM



Vessel Name:

Flag:

Port

Date

Location:

Berth

Anchor

## Please note

This document is to be submitted to the Maritime Authority of Jamaica (legalaffairs@jamaicaships.com) no later than 48 hours prior to commencement of any crew travel. The document may assist in contact tracing should a case occur of Coronavirus (COVID-19) occur.

<b>Operating Company</b>	Name:	Name:
	Address:	Address:
	Email:	Email:
	Tel:	Tel:

<b>Seafarer Detail</b>	Name:			
	Seafarer No:	Country of Issue:		
	Onboard Rank:	Telephone:		
	Holder of other Seafarer identity document?	YES:	NO:	Type:
	Does the seafarer hold the following documents?	YES:	NO:	<b>NOTE:</b> If you answer YES to the questions in this section copies of the documents must be provided
	• 1. Letter from Employer;	YES:	NO:	
	• 2. Crew Health Self-Declaration & Daily Temperature Records;	YES:	NO:	
	• 3. Seafarers' Employment Agreement;	YES:	NO:	
	• 4. Certificate of Competency;	YES:	NO:	
	• 5. Copy of COVID-19 management plan/staff procedures.	YES:	NO:	
Has the seafarer been provided appropriate PPE for the travel?	YES:	NO:		

<b>Health Questions</b>	Has a company Pre-departure medical/Health Check been conducted for COVID-19?	YES:	NO:
	Location of test:		
	Name of Test:	Date of Test:	
	Are the test results available?	YES:	NO:
	Has the seafarer tested positive for the antibodies for COVID-19?	YES:	NO:
	Does the seafarer have any COVID-19 symptoms or is unwell?	YES:	NO:
	Has the seafarer been in contact with anyone testing positive to COVID-19?	YES:	NO:
Has twice daily temperature testing been conducted for the last 14 days and temperature been normal?	YES:	NO:	Normal temperature is considered to be less than 37.6°C.

Forward completed form to: Relevant Stakeholders

Travel Arrangements

Date of Travel	Departure Location	Transportation Phase	Arrival Location	Method/Flight No./Accommodation Details	Self-Isolation/PPE Requirements

Has the seafarer visited any other countries in the last 30 days;

YES:  
NO:

If YES provide details

Dep Date	City/Port	Country

Shipboard Information

Confirm the ship has implemented self-isolation protocols for joining seafarers - Including non-essential personnel not to fill bridge berthing/departure duties?

YES NO

Confirm Master has been advised of requirements to disinfect joining/leaving seafarers baggage and clothes following/prior to travel?

Confirm Master has been advised that for **14-days** after crew-change if **any persons onboard** exhibit high temperature or COVID-19 like symptoms they are to immediately notify last **Jamaican agent** to alert Ministry of Health and Wellness (888-754-7792) to allow commencement of contact tracing .

Lodging Agent

Seafarers leaving Jamaica-YES: NO: N/A:  
Maritime Authority agreed to crew change?

YES: NO: N/A:

Any additional measures stipulated/If crew change refused outline reasons?

Terminal notified: YES: NO: N/A:

YES: NO: N/A:

Any additional measures stipulated/If crew change refused outline reasons?

I, \_\_\_\_\_ of \_\_\_\_\_ advise that the information provided in this form is to the best of my knowledge correct and the crew member to whom this form relates has consented that the personal information it contains is being collected in connection with the risks presented by COVID-19, and may be passed onto appropriate stakeholders, health professionals & Commonwealth, State and local officials for the purpose of facilitating a crew change.

DATE: