



AMHS Crew Reporting to Duty

Guidance and Questionnaire

The following are meant to provide guidelines to AMHS Crew reporting for duty on a vessel. It is not reasonable to capture every scenario that may come up surrounding COVID-19 in this guidance. To help mitigate the spread of the virus, and increase the safety of employees and the public, crew are expected to adhere to Health Mandates, actively practice physical distancing and good hygiene.

If you have questions or are in need of an ADA accommodation, contact your applicable dispatcher.

Prior to Reporting to Assignment

- Employees must have their temperature taken (vaccinated or unvaccinated) to ensure there is no fever of 100.4 F / 38 C or greater.
- Employee must regularly [practice everyday steps](#) to avoid the spread and exposure of the COVID-19 virus.

Employees Safe Practices

- Practice physical distancing.
- Thoroughly wash their hands frequently.
- Use hand sanitizer frequently.
- Avoid congested public spaces when practicable.

Out-of-State-Travel

The State of Alaska has no special entry or travel testing requirements

COVID-19 Questionnaire

You must provide this completed form to the Purser before you board any AMHS vessel to start an assignment. **If you have a temperature of 100.4 F° (38 C°) or greater you will be sent home.** This will be updated as the CDC and Alaska State Health Department's information on COVID-19 continues to change.

Vessel: _____ Date: _____

Employee (First and Last Name): _____ BU: _____

Employee Identification Number: _____ Position: _____

COVID-19 Symptoms

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **up to 10 days after exposure to the virus.** People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

*This list does not include all possible symptoms.

I certify that I understand the symptoms or combinations of symptoms of COVID-19, and that I have not experienced these symptoms in the past 10 days.

If you are unable to certify the above, or refuse to certify, you will not be permitted to board an AMHS vessel, and you will not be dispatched until you provide a certified form.

I hereby certify that the responses provided above are true and accurate to the best of my knowledge

Signature: _____ Date: _____

Purser Use Only

Temperature screening reviewed Date/Time Reviewed: _____
Purser Name: _____

Employee ID: _____ Signature: _____

Send to AMHS SAFETY OFFICER