

MARITIME DECLARATION OF HEALTH

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports.

Submitted at the port of _____ Date _____

Name of ship or inland navigation vessel _____

Registration/IMO No _____ Arriving from _____ Sailing to _____

(Nationality)(Flag of vessel) _____

Master's name _____

Gross tonnage (ship) _____ Tonnage (inland navigation vessel) _____

Valid Sanitation Control Exemption/Control Certificate carried on board?

Yes _____ No _____ Issued at _____ Date _____

Re-inspection required? Yes _____ No _____

Has ship/vessel visited an affected area identified by the World Health Organization?

Yes _____ No _____ Port of visit _____ Date _____

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter (If accompanied with Pre-Arrival notice, then skip this):

Port Name	Date & Time of Arrival (dd/mm/yy hh:mm)	Date & Time of Departure (dd/mm/yy hh:mm)

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):

- Name _____ joined from: (1) _____ (2) _____ (3) _____
- Name _____ joined from: (1) _____ (2) _____ (3) _____
- Name _____ joined from: (1) _____ (2) _____ (3) _____
- Name _____ joined from: (1) _____ (2) _____ (3) _____
- Name _____ joined from: (1) _____ (2) _____ (3) _____
- Name _____ joined from: (1) _____ (2) _____ (3) _____

Number of crew members on board _____

Number of passengers on board _____

Health Questions:

- Has any person died on board during the voyage other than as a result of accident? Yes ___ No ___
If yes, state particulars in attached schedule. Total no. of deaths _____
- Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature? Yes ___ No ___
If yes, state particulars in attached schedule. Total no. of deaths _____
- Has the total number of ill passengers during the voyage been greater than normal/expected?
Yes ___ No ___ How many ill persons? _____
- Is there any ill person on board now? Yes ___ No ___ If yes, state particulars in attached schedule.
- Was a medical practitioner consulted? Yes ___ No ___
 - If yes, state particulars of medical treatment or advice provided in attached schedule.
- Are you aware of any condition on board which may lead to infection or spread of disease? Yes ___ No ___
If yes, state particulars in attached schedule.
- Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board?
Yes ___ No ___ If yes, specify type, place and date _____
- Have any stowaways been found on board? Yes ___ No ___ If yes, where did they join the ship (if known)?

- Is there a sick animal or pet on board? Yes ___ No ___

Note: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:

- (a) fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.
- (b) with or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhoea; or (iv) recurrent convulsions.

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief.

Signed _____

Countersigned _____

Master

Ship's Surgeon (if carried)

Date _____

ATTACHMENT TO MARITIME DECLARATION OF HEALTH

Name: _____ Age ____ Sex ____ Nationality _____
Port, Dt Joined Ship/Vessel _____
Nature Of Illness _____
Date of Onset of Symptoms _____ Reported to a port medical officer? Yes ___ No ___
Disposal of Case Yes ___ No ___ Date of disposal of case _____
Drugs, medicines or other treatments given _____
Comments _____

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Port, Dt Joined Ship/Vessel _____
Nature Of Illness _____
Date of Onset of Symptoms _____ Reported to a port medical officer? Yes ___ No ___
Disposal of Case Yes ___ No ___ Date of disposal of case _____
Drugs, medicines or other treatments given _____
Comments _____

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Port, Dt Joined Ship/Vessel _____
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Date of Onset of Symptoms _____ Reported to a port medical officer? Yes ___ No ___
Disposal of Case Yes ___ No ___ Date of disposal of case _____
Drugs, medicines or other treatments given _____
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