



MARITIME DECLARATION OF HEALTH

(2 0 1 9)

To be completed, signed and submitted to the health authorities by the masters of ships arriving from foreign ports, **48 hours before their arrival.**

Resubmit the declaration if requested by health authorities, or in the event information changes, right up until departure from territorial waters. Fill out page 2 if you answer "yes" to any of the health questions on page 1.

Submitted at the port of Date

Name of ship Registration/OMI

arriving from sailing to

(Nationality)(Flag of vessel) Master's name

Gross tonnage (ship)

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**

Name of port and date of visit

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter :

.....

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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) :

1. Name joined from : 1) 2) 3)
2. Name joined from : 1) 2) 3)
3. Name joined from : 1) 2) 3)

Number of crew members on board

Number of passengers on board

| Health questions | | Answer | |
|--|--|--------------------------|--------------------------|
| | | yes | no |
| 1) Has any person died on board during the voyage otherwise than as a result of accident ? | | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, state particulars in schedule, page 2.</i> Total no. of deaths : | | | |
| 2) 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 ? | | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, state particulars in schedule, page 2.</i> | | | |
| 3) Has the total number of ill passengers during the voyage been greater than normal/expected? | | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>How many ill persons ? :</i> | | | |
| 4) Is there any ill person on board now? | | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, state particulars in schedule, page 2.</i> | | | |
| 5) Was a medical practitioner consulted? | | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, state particulars of medical treatment or advice provided in schedule, page 2.</i> | | | |
| 6) Are you aware of any condition on board which may lead to infection or spread of disease ? | | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, state particulars in schedule, page 2.</i> | | | |
| 7) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? | | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, specify type, place and date</i> | | | |
| 8) Have any stowaways been found on board? | | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, where did they join the ship (if known)?</i> | | | |
| 9) Is there a sick animal or pet on board? | | <input type="checkbox"/> | <input type="checkbox"/> |

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.

Date

Signed
Master

Countersigned
Ship's Surgeon (if carried)

ATTACHMENT TO MARITIME DECLARATION OF HEALTH

| Name | Class or rating | Age | Sex | Nationality | Port, date joined ship/vessel | Nature of illness | Date of onset of symptoms | Reported to a port medical officer | Disposal of case* | Drugs medicines or other treatment given to patient | Comments |
|------|-----------------|-----|-----|-------------|-------------------------------|-------------------|---------------------------|------------------------------------|-------------------|---|----------|
| | | | | | | | | | | | |

Date

Signed
Master

Countersigned
Ship's Surgeon (if carried)

* State : (1) whether the person recovered, is still ill or died ; and (2) whether the person is still on board, was evacuated (including the name of the port or airport), or was buried at sea.