



MARITIME DECLARATION OF HEALTH

(2019)

To be completed, signed and submitted to the health authority 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 :

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