Submitted at the port of Date

Name of ship  Registration / OMI N°

Arriving from  Sailing to

Nationality (Flag of ship)  Master’s name

Gross tonnage

Valid Sanitation Control Exemption/Control Certificate carried on board ?  yes  - no

Issued at  Date

Re-inspection required ?  yes - no (If yes, complete specific attached schedule)

Has ship visited an affected area identified by the World Health Organization?  yes - no

Name of port  and date of visit

List ports of call from last 30 days of voyage with dates of departure :

|  |  |  |  |
| --- | --- | --- | --- |
| Port | Date of departure | Port | Date of departure |
| 1. |  | 5. |  |
| 2. |  | 6. |  |
| 3. |  | 7. |  |
| 4. |  | 8. |  |

List of crew members, passengers or other persons who have joined ship since international voyage began or within past 30 days (add an attached schedule if necessary) :

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Joining port | Name | Joining port |
| 1. |  | 5. |  |
| 2. |  | 6. |  |
| 3. |  | 7. |  |
| 4. |  | 8. |  |

Number of crew members  Number of passengers

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

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 :

1. Fever persisting for several days, accompanied by i) prostration ; ii) decreased consciousness ; iii) glandular swelling ; iv) jaundice ;

v) cough or shortness of breath ; vi) unusual bleeding or vii) paralysis

1. With or without fever, accompanied by: 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 attached 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** | **Date and Port**  **joined ship** | **Nature of illness** | **Date of onset of symptoms** | **Reported to a port medical officer ?** | **Disposal of case [[1]](#footnote-1)** | **Drugs, medicines or other treatment given to patient** | **Comments** |
|  |  |  |  |  |  |  |  |  |  |  |  |

1. 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. [↑](#footnote-ref-1)