## Maritime Declaration of Health

To be o	completed and submitted to the comp	petent authorities by the masters of ships arriving from foreign ports.
Submit	itted at the port of	Date
		Registration / IMO No arriving
		(Nationality) (Flag of vessel)
		Gross tonnage (ship)
	ge (inland navigation vessel)	
		Certificate carried on board? Yes No Issued at
		Re-Inspection required? Yes No
		lentified by the World Health Organization? Yes No
	nd date of visit	· · · · · · · · · · · · · · · · · · ·
		yage with dates of departure, or within past thirty days, whichever is
shorter:		, , , , , , , , , , , , , , , , , , , ,
joined s ports / c (1) (2)	request of the competent authority at the ship / vessel since international voy countries visited in this period (add at ) Name	ne port of arrival, list crew members, passengers or other person who have age began or within past thirty days, whichever is shorter, including all additional names to the attached schedule): ined from (1)
	er of crew members on board:	
Number	er of passengers on board:	
	questions	
(1)		ng the voyage otherwise than as a result of accident? Yes
		ars in attached schedule. Total No. of deaths
(2)		during the international voyage any case of disease which you suspect
		No if yes, state particulars in attached schedule.
(3)	<ul> <li>Has the total number of ill passenge</li> <li>No How many ill persons'</li> </ul>	ers during the voyage been greater than normal/ expected? Yes?
(4)	) is there any ill person on board nov	v? Yes Noif yes, state particulars in attached schedule.
(5)	) Was a medical practitioner consulte	d? Yes No if yes, state particulars of medical treatment or
	advice provided in attached schedu	ule.
(6)	<ul> <li>Are you aware of any condition on  if yes, state particulars in att</li> </ul>	board which may lead to infection or spread of disease? Yes No ached schedule.
(7)		uarantine, isolation, disinfection or decontamination) been applied on
	· · · · · · · · · · · · · · · · · · ·	, specify type, place and date
(8)		n board? Yes No if yes, where did they join the ship ( if
. ,	known) ?	
(9)	Is there a sick animal or pet on boar	rd? Yes No
·	suspecting the existence of a disease a) Fever, persisting for sever	n, the master should regard the following symptoms as grounds for se of an infectious nature: eral days or accompanied by (i) Prostration; (ii) decreased dular swelling; (iv) Jaundice; (v) cough or shortness of breath; (vi) unusual
	bleeding; or (vii) paralys	· · · · · · · · · · · · · · · · · · ·
		any acute skin rash or eruption; (ii) severe vomiting (other than sea
		rrhoea; or (iv) recurrent convulsions.
	y declare that the particulars and an le) are true and correct to the best of	swers to the questions given in this declaration of Health (including the my knowledge and belief.
	Şigne	ed
		Master
		tersigneds Surgeon (if carried)

Date .....

## 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
					-			<b>√</b>			
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								·			

<sup>\*</sup> 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.

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