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1 MARITIME DECLARATION OF HEALTH

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

Description	Information
Submitted at the port of:	
Date:	Click or tap here to enter date.
Name of ship or inland navigation vessel	
Registration/IMO no	Click or tap here to enter text
Arriving from	Click or tap here to enter text
Sailing to	Click or tap here to enter text
Nationality (flag of vessel)	Click or tap here to enter text
Master's name	Click or tap here to enter text
Gross tonnage (ship)	Click or tap here to enter text
Tonnage (inland navigation vessel)	Click or tap here to enter text
Valid Sanitation Control Exemption/Control Certificate carried on board?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Above issued at (date)	Click or tap here to enter date.
Re-inspection required?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Has ship/vessel visited an affected area identified by the World Health Organization?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Port and date of visit	Enter port Enter date
List of ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:	Click or tap here to enter text

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	Joined from 2	Joined from 3
Enter name	Enter port	Enter port	Enter port
Enter name	Enter port	Enter port	Enter port
Enter name	Enter port	Enter port	Enter port

No. of crew members onboard	No. of passengers onboard
Enter no. of crew members onboard	Enter no. of passengers onboard

2 Health questions

Questions	Answers
Has any person died on board during the voyage otherwise than because of accident?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, state particulars in attached schedule.	Click or tap here to enter text
Total no. of deaths	Click or tap here to enter text
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: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, state particulars in attached schedule.	Click or tap here to enter text
Has the total number of all passengers during the voyage been greater than normal/expected?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
How many sick people?	Click or tap here to enter text
Are there any sick people on board now?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, state particulars in attached schedule.	Click or tap here to enter text
Was a medical practitioner consulted	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

If, yes, state particulars of medical treatment or advice provided in attached schedule.	Click or tap here to enter text
Are you aware of any condition on board which may lead to infection or spread of disease?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, state particulars in attached schedule.	Click or tap here to enter text
Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, specify type, place and date	Click or tap here to enter text
Have any stowaways been found on board?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, where did they join the ship (if known)?	Click or tap here to enter text
Is there a sick animal or pet on board?	Yes: <input type="checkbox"/> No: <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 diarrhea; 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.

Click or tap here to enter Master's signature

Signed (Master)

Click or tap here to enter Ship's surgeons signature

Countersigned (Ship's surgeon, if carried)

Enter date of signatures

Date

