

# MARITIME DECLARATION OF HEALTH

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

Submitted at the port of.....Date.....  
Name of ship or inland navigation vessel .....Registration/IMO N°.....  
Arriving from.....Sailing to.....  
(Nationality)(Flag of vessel).....  
Master's name.....  
Gross tonnage (ships).....Tonnage (inland navigation vessels).....  
Valid Sanitation Control Exemption/Control Certificate carried on board? Yes... ..No...  
Issued at.....Date.....  
Re-inspection required? Sí... No...  
Has ship/vessel visited an affected area identified by World Health Organization? Yes... No...  
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

- 1) Has any person died on board during the voyage otherwise than as a result of accident? Yes... No...  
If yes, state particulars in attached schedule. Total n° 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? Yes.... No... If yes, state particulars unattached schedule.
- 3) Has the total number of ill passengers during the voyage been greater than normal/expected? Yes... No....  
How many ill persons?.....
- 4) Is there any ill person on board? Yes.... No.... If yes, state particulars in attached schedule.
- 5) Was a medical practitioner consulted? Yes... No... 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? Yes... No... If yes, state particulars in attached schedule.
- 7) Has a sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? Yes... No... If yes, specify type, place and date.....
- 8) Have any stowaways been found on board? Yes... No... If yes, where did they join the ship (if known)? .....
- 9) Is there a sick animal or pet on board? Yes... No...

Note: In 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 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.

Signed .....  
Master

Countersigned .....  
Ship's surgeon (if carried)

Date.....

**MARITIME DECLARATION OF HEALTH  
(SKIPPER ONLY)**

FULL NAME                      AGE      SEX      NATIONALITY

Boat Name: \_\_\_\_\_

Skipper: \_\_\_\_\_

Crew: \_\_\_\_\_

1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____
14	_____	_____	_____	_____
15	_____	_____	_____	_____

**NOTE:** The Health Department has asked for these to be sent from one email address to avoid getting lost in "Spam".

Please mail completed forms to [shelly.raming@gmail.com](mailto:shelly.raming@gmail.com) no later than NOON on Thursday, Oct. 5th. I will forward it to the Health Department. They will send me a certificate which I will forward to the Marina Manager so they will have it when you arrive.

**ATTACHMENT TO MODEL OF MARITIME DECLARATION OF HEALTH**

Name	Class or rating	Age	Sex	Nationality	Port and 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

\* 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..