



and Port Health Authority

MODEL OF SHIP 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/inland navigation vessel _____ Registration/IMO No _____
Arriving from _____ Sailing to _____
(Nationality)(Flag of vessel) _____ Master's Name _____
Gross tonnage (ship) _____ Tonnage (inland navigation vessel) _____
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 Organisation? 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
(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
(3) Has the total number of ill passengers during the voyage been greater than normal/expected? YES / NO
(4) Is there any ill person on board now? YES / NO
(5) Was a medical practitioner consulted? YES / NO
(6) Are you aware of any condition on board which may lead to infection or spread of disease? YES / NO
(7) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? YES / NO
(8) Have any stowaways been found on board? YES / NO
(9) Is there a sick animal or pet on board? YES / NO

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.

Signed _____ Master Countersigned _____ Ships Surgeon (if carried) Date _____

ATTACHMENT TO MODEL OF SHIP 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

* 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.