

## 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 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 infected area identified by the World Health Organization?  
yes  no  Port and date of visit \_\_\_\_\_

List ports of call from commencement of voyage with dates of departures, or within past thirty days, whichever is shorter:

AMBARLI 17.06.08, HAYDARPASA 16.06.08, GEMLIK 15.06.08, HERAKLION 12.06.08, GIOIA TAURO 10.06.08, LAVRIO 04.06.08,  
AMBARLI 01.06.08, HAYDARPASA 01.06.08, GEMLIK 31.05.08, HERAKLION 28.05.08, GIOIA TAURO 23.05.08, AUGUSTA 17.05.08,

Upon request of the component authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage begin 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) \_\_\_\_\_ (2) \_\_\_\_\_  
(2) Name \_\_\_\_\_ joined from: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) Name \_\_\_\_\_ joined from: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (2) \_\_\_\_\_

Number of crew member on board \_\_\_\_\_ 27 \_\_\_\_\_

Number of passengers on board \_\_\_\_\_ NIL \_\_\_\_\_

### 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 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 in attached 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 the board now? 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 advise 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 any sanitary measure (e.g. Quarantine, isolation, disinfection or spread of disease)? 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 the absence of a surgeon, 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; (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 \_\_\_\_\_  
Ship's Surgeon (if carried)

Date