

APPENDIX C 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/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):

Name _____ joined from: (1) _____ (2) _____ (3) _____

Name _____ joined from: (1) _____ (2) _____ (3) _____

Name _____ joined from: (1) _____ (2) _____ (3) _____

Number of crew members on board _____

Number of passengers on board _____

Health Questions

Has any person died on board during the voyage otherwise than as a result of accident? YES / NO If yes, state particulars on attached schedule. Total no. of deaths.

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.

Has the total number of ill passengers during the voyage been greater than normal/expected? YES / NO How many ill persons?

Is there any ill person on board now? YES / NO If yes, state particulars in attached schedule

Was a medical practitioner consulted? YES / NO If yes, state particulars of medical treatment or advice provided in attached schedule

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.

Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? YES / NO If yes, specify type, place and date

Have any stowaways been found on board? YES / NO If yes, when did they join the ship (if known)?

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:

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.

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 _____ Countersigned _____

Master _____ Ships Surgeon (if carried)

Date _____