

APPENDIX D COMMUNICABLE DISEASE INCIDENT RISK ASSESSMENT FORM

		<p align="center">Communicable Disease Risk Assessment Form (Sea Ports) 31/01/2013</p>	
Date	<input type="text"/>	Port	<input type="text"/>
	<input type="text"/>	Time	<input type="text"/>
	<input type="text"/>	Berth Location	<input type="text"/>
Name and contact details of Harbour Master <input type="text"/>			
INFORMANT			
Job Title	<input type="text"/>	Surname	<input type="text"/>
	<input type="text"/>	Forename	<input type="text"/>
Contact details <input type="text"/>			
Has the Medical Declaration of Health Form (MDOH) been provided <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If yes, some of the information below may be sourced from the MDOH form</i>			
Are there medical personnel on board <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please give name and contact details including phone number <input type="text"/>			
SHIP INFORMATION			
Name of ship	<input type="text"/>	Ship contact details	<input type="text"/>
Where did the voyage originate: <input type="text"/>			
What ports have been visited to date: <input type="text"/>			
NUMBERS ILL			
When and where did the first person become ill <input type="text"/>			
Countries where ill persons were exposed to in the past 21 days <input type="text"/>			
Total number of passengers on board	<input type="text"/>	Total number of ill passengers	<input type="text"/>
Total number of crew on board	<input type="text"/>	Total number of ill crew	<input type="text"/>
SYMPTOMS IN THOSE ILL ON BOARD			
Tick the symptoms associated with the illness			
Headache	<input type="checkbox"/>	Temperature > 38°C	<input type="checkbox"/>
Confusion of recent onset	<input type="checkbox"/>	History of fever	<input type="checkbox"/>
Neck stiffness	<input type="checkbox"/>	Myalgia	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	Unexplained bruising	<input type="checkbox"/>
Loss of consciousness	<input type="checkbox"/>	Unexplained bleeding	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>
Rash	<input type="checkbox"/>	Diarrhoea	<input type="checkbox"/>
		Bloody diarrhoea	<input type="checkbox"/>
		Vomiting	<input type="checkbox"/>
		Cough	<input type="checkbox"/>
		Breathing difficulties	<input type="checkbox"/>
		Runny nose	<input type="checkbox"/>
Describe the rash <input type="text"/>			
Other, please specify <input type="text"/>			
Has any ill passenger travelled from an endemic area for VHF within the past 21 days? (see www.hpsc.ie for list of endemic areas and guidance on VHF risk assessment)			
Duration of illness <input type="text"/>			
Current status of ill persons <input type="text"/>			



Communicable Disease Risk Assessment Form (Ports)
31/01/2013

What tests have been carried out

What is the current working diagnosis

PUBLIC HEALTH RISK ASSESSMENT

Infectious Yes No

Serious Infectious Disease (as per Shipping Regulations) Yes No

Possible Public Health Emergency of International concern Yes No

Likely Diagnosis:

PUBLIC HEALTH ACTIONS

Signature _____

Date