

SCHEDULE 1

Regulation 15

ANNEX 8

MODEL OF MARITIME DECLARATION OF HEALTH

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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 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

Last 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 new 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 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

(4) Is there any ill person on 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 advice provided in attached schedule.

(6) Are you aware of any condition on board which may lead to infection or spread of diseases?
yes no If yes, state particulars in attached schedule.

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

Status: This is the original version (as it was originally made).

- (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, 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

Ship's Surgeon (if carried)

Date

ATTACHMENT TO MODEL OF MARITIME DECLARATION OF HEALTH

Name	Class or rating	Age	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.