

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports.

Submitted at the port of:	
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 <input type="checkbox"/>	No <input type="checkbox"/>
Issued at:	Date:	
Reinspection required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

List of ports of call from commencement of voyage with dates of departure, or within past 30 days, whichever is shorter:	
Port	Date of departure

Number of crew members on board:	Number of passengers on board:
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<i>If requested by the competent authority at the port of arrival:</i>		
List crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past 30 days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):		
(1) Name:	joined from: (port)	(date)
(2) Name:	joined from: (port)	(date)
(3) Name:	joined from: (port)	(date)

<i>If requested by the competent authority at the port of arrival:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has ship/vessel visited any affected areas identified by the World Health Organization? Only requires completion if a public health emergency of international concern has been announced. If unsure, please contact a health protection officer at the National Public Health Service.			
Port:	Date of visit:		

HEALTH QUESTIONS	Yes	No
1. Has any person died on board during the voyage otherwise than as a result of accident? If yes, state particulars in attached schedule. Total number of deaths:	<input type="checkbox"/>	<input type="checkbox"/>
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? If yes, state particulars in attached schedule.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the total number of ill passengers during the voyage been greater than normal/expected? How many ill persons:	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there any ill person on board now? If yes, state particulars in attached schedule.	<input type="checkbox"/>	<input type="checkbox"/>
5. Was a medical practitioner consulted? If yes, state particulars of medical treatment or advice provided in attached schedule.	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you aware of any condition on board which may lead to infection or spread of disease? If yes, state particulars in attached schedule.	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any sanitary measure (e.g., quarantine, isolation, disinfection or decontamination) been applied on board? If yes, specify type, place, and date:	<input type="checkbox"/>	<input type="checkbox"/>
8. Have any stowaways been found on board? If yes, where and when did they join the ship (if known)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there a sick animal or pet on board?	<input type="checkbox"/>	<input type="checkbox"/>
<p>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:</p> <p>(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</p> <p>(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.</p>		

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 Maritime Declaration of Health

Name	Age	Sex	Nationality	Port, date joined ship/ vessel	Nature of illness	Date of onset of symptoms	Reported to a port medical officer?	Outcome 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.