



# 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:

Reinspection required?

Yes  No

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

Number of crew members on board:

Number of passengers on board:

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 30 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)

Has ship/vessel visited an affected area identified by the World Health Organization? Yes  No

Only requires completion if a public health emergency of international concern has been announced. If unsure, please contact a health protection officer at a public health unit.

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:
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.
3. Has the total number of ill passengers during the voyage been greater than normal/expected?  
How many ill persons:
4. Is there any ill person on board now?  
If yes, state particulars in attached schedule.
5. Was a medical practitioner consulted?  
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 disease?  
If yes, state particulars in attached schedule.
7. Has any sanitary measure (eg, quarantine, isolation, disinfection or decontamination) been applied on board?  
If yes, specify type, place and date:
8. Have any stowaways been found on board?  
If yes, where did they join the ship (if known)?
9. Is there a sick animal or pet on board?

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

Countersigned

\_\_\_\_\_  
Master\_\_\_\_\_  
Ship's Surgeon (if carried)

Date:

