

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

Has ship/vessel visited an affected area identified by the World Health Organization?

Yes No

Port:

Date of visit:

List of ports of call from commencement of voyage with dates of departure, or within past 30 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 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)

Number of crew members on board:

Number of passengers on board:

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: 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?
If yes, state particulars in attached schedule. Yes No
3. Has the total number of ill passengers during the voyage been greater than normal/expected?
How many ill persons: Yes No
4. Is there any ill person on board now?
If yes, state particulars in attached schedule. Yes No
5. Was a medical practitioner consulted?
If yes, state particulars of medical treatment or advice provided in attached schedule. Yes No
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. Yes No
7. Has any sanitary measure (eg, quarantine, isolation, disinfection or decontamination) been applied on board?
If yes, specify type, place and date: Yes No
8. Have any stowaways been found on board?
If yes, where did they join the ship (if known)? Yes No
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

Countersigned

Master_____
Ship's Surgeon (if carried)

Date:

The following list includes diseases, particulars of which must be entered in the Schedule:

Acute gastroenteritis	Gonorrhoeal infection	Malaria	Salmonellosis
Acquired Immunodeficiency Syndrome	Haemophilus influenzae b	Measles	Severe Acute Respiratory Syndrome
Anthrax	Hepatitis (viral) not otherwise specified	Meningoencephalitis primary amoebic	Shigellosis
Arboviral diseases	Hepatitis A	Mumps	Syphilis
Brucellosis	Hepatitis B	Neisseria meningitidis invasive diseases	Tetanus
Campylobacteriosis	Hepatitis C	Pertussis	Tuberculosis
Creutzfeldt Jakob Disease and other spongiform encephalopathies	Highly Pathogenic Avian Influenza (including HPAI subtype H5N1)	Plague	Typhoid and paratyphoid fever
Chancroid	Hydatid disease	Poliomyelitis	Venereal granuloma
Cholera	Legionellosis	Rabies	Viral haemorrhagic fevers
Cryptosporidiosis	Leprosy	Rheumatic fever	Yellow fever
Diphtheria	Leptospirosis	Rickettsial diseases	Yersiniosis
Giardiasis	Listeriosis	Rubella	

Cases of tuberculosis are notifiable under the Tuberculosis Act 1948 and cases of venereal diseases are notifiable under the Venereal Diseases Regulations 1982.

