

Maritime Declaration of Health.

To be completed and submitted to either a Port Health Officer or a Customs Officer by the master or Captain of the vessel arriving in _____ waters from any foreign Port.

Submitted at the port of: _____ Date: (DD-MM-YYYY) _____

Name of Vessel: _____ Registration/IMO No: _____

Arriving From: _____ Sailing to: _____

Nationality/Flag of Vessel: _____

Master's/Owner's full name and surname: _____

How many crew/passengers on board: _____

Type of Vessel: _____ Gross Tonnage: _____

Valid sanitation Control exemption/ Control certificate carried on board: Yes _____ No _____

Issued at _____ Date: (DD-MM-YYYY) _____

Re-inspection required: Yes _____ No _____

Has the vessel visited an affected area identified by the WHO? Yes _____ No _____

Port: _____ Date: (DD-MM-YYYY) _____

Lists port of call from commencement of voyage with dates of departure, or within past thirty days whichever is shortest.

Port: _____ Departure Date (DD-MM-YYYY) _____

Port: _____ Departure Date (DD-MM-YYYY) _____

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Port: _____ Departure Date (DD-MM-YYYY) _____

Port: _____ Departure Date (DD-MM-YYYY) _____

Port: _____ Departure Date (DD-MM-YYYY) _____

Upon request of the competent authority at the port of arrival, list all crew members and passengers or other persons who have joined the vessel since International voyage began or within the past thirty (30) days, whichever is shorter, including all ports/countries visited in this period.

1. Full Name: _____ Id/Passport No _____

Joined from 1. _____ 2. _____ 3. _____

Vaccination status: Cv19 _____ Yellow Fever _____ Other _____

2. Full Name: _____ Id/Passport No _____

Joined from 1. _____ 2. _____ 3. _____

Vaccination status: Cv19 _____ Yellow Fever _____ Other _____

3. Full Name: _____ Id/Passport No _____
 Joined from 1. _____ 2. _____ 3. _____
 Vaccination status: Cv19 _____ Yellow Fever _____ Other _____

4. Full Name: _____ Id/Passport No _____
 Joined from 1. _____ 2. _____ 3. _____
 Vaccination status: Cv19 _____ Yellow Fever _____ Other _____

5. Full Name: _____ Id/Passport No _____
 Joined from 1. _____ 2. _____ 3. _____
 Vaccination status: Cv19 _____ Yellow Fever _____ Other _____

6. Full Name: _____ Id/Passport No _____
 Joined from 1. _____ 2. _____ 3. _____
 Vaccination status: Cv19 _____ Yellow Fever _____ Other _____

7. Full Name: _____ Id/Passport No _____
 Joined from 1. _____ 2. _____ 3. _____
 Vaccination status: Cv19 _____ Yellow Fever _____ Other _____

8. Full Name: _____ Id/Passport No _____
 Joined from 1. _____ 2. _____ 3. _____
 Vaccination status: Cv19 _____ Yellow Fever _____ Other _____

9. Full Name: _____ Id/Passport No _____
 Joined from 1. _____ 2. _____ 3. _____
 Vaccination status: Cv19 _____ Yellow Fever _____ Other _____

10. Full Name: _____ Id/Passport No _____
 Joined from 1. _____ 2. _____ 3. _____
 Vaccination status: Cv19 _____ Yellow Fever _____ Other _____

Health Questions.

1. Is there on board or has there been during the International voyage any case of disease which you suspect to be of infectious nature?

Yes _____ No _____ - If yes, please state particulars in attached schedule.

2. Has the total number of ill passengers/crew during the voyage been greater than normal/expected?

Yes: _____ No: _____ - Number of ill persons on board _____

3. Is there any ill person on board now?

Yes: _____ No: _____ - If so state particulars in attached schedule.

4. Was a medical practitioner consulted?

Yes: _____ No: _____ - If yes, state particulars of medical treatment or advice provided in the attached schedule.

5. Are you aware of any condition on board which may lead to infection or spread of disease?

Yes: _____ No: _____ - If yes, state particulars in attached schedule.

6. Has any sanitary measure (eg.Quarantine, isolation, disinfection or decontamination) been applied on board?

Yes: _____ No; _____ - If yes, specify type, place and date.

7. Has any stowaways been found on board?

Yes: _____ No: _____ - If yes, where did they join the vessel if known?

8. Is there a sick animal or pet on board?

Yes: _____ No: _____

9. Has any person died on board during the voyage otherwise than as a result of accident?

Yes: _____ No: _____ - If yes, state particulars in attached schedule. No of deaths: _____

Note:

In the absence of a surgeon, the master/Captain should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:

(a) Fever, persisting for several days 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 attached schedule) are true and correct to the best of my knowledge and belief.

Full name and surname:_____

Position on vessel:_____

Date; (DD-MM-YYYY):_____

Signed:_____ **Countersigned(Ship's Surgeon)**_____

Ships stamp:

Please complete the Declaration as well as the attached schedule and email to the relevant authority as per requirements of the country visited or return hard copies to the appointed ship's agent or Port Health Officer or available Customs Officer.

Senior Port Health Officer: *Mr Petrus Nambambi*

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Assistant Port Health Officer: *Mr Leonard Useb*

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Schedule to the declaration.

Particulars of every case of illness or death occurring on board.

Name	Rank	age	sex	Nationality	Date joined.	Nature of illness	Date of onset of illness	Results of illness(see note 1)	Disposal of case (see note 2)

Note 1: State whether recovered; still ill or passed away.

Note 2: State whether still on-board, landed at (port name); or buried at sea.

Instructions.

1. The master/owner of the vessel coming from a Port outside the country in question enter currently by name _____ must ascertain the state of health of all persons on board and fill in and sign the Declaration of Health in the foregoing pages.
2. The master/owner should sent an International Quarantine message either directly to the (country) _____ Port Health Officer or agent.
3. The message must contain such information as are appropriate for a standard Quarantine Message.
4. If the vessel cannot make contact via any means of radio contact or electronic data transfer, the appropriate signal flag shall be hoisted upon the vessel arrival in territorial waters.
5. The master/owner should take all steps necessary to ensure that no persons other than a pilot shall board or leave the vessel without the permission of the Port Health Officer until pratique has been granted.

Disclaimer:

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