



## DECLARATION OF HEALTH-VESSELS

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

**This form must be submitted three (3) days prior to arrival at Port Point Lisas and before receiving berthing instructions**

1. Has the ship/vessel/crew visited an area affected with an infectious disease within the last thirty (30) days prior to arrival at Point Lisas? Yes  No

Please list ALL countries:

	Port of Call	Date of Visit		Port of Call	Date of Visit
1			6		
2			7		
3			8		
4			9		
5			10		

2. Is there on board or has there been during this international voyage any case of disease which you suspect to be of an infectious nature? Yes  No  If yes, state particulars

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3. Are any of your crew members presently exhibiting any of following symptoms? Yes  No

(Tick applicable symptoms) State number of ill persons on board:

Fever  Cough  Runny nose  Sore throat  Headaches   
Shortness of breath  General feeling of being unwell

I hereby declare that the particulars and answers to the questions given in this Declaration of Health are true and correct to the best of my knowledge and belief.

Designation	Block Letters	Signature	Date DD/MM/YY
Master			
Chief Mate			
Ship Surgeon			