



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 ship/vessel/crew visited an affected area identified by the World Health Organization within the last thirty (30) days? Yes No Port and Date of visit _____

China, Taiwan, Australia, Belgium, Cambodia, Canada, Egypt, Finland, France, Germany, India, Italy, Japan, Malaysia, Nepal, Philippines, Russia, Sri Lanka, Singapore, Spain, Sweden, Thailand, The Republic of Korea, United Arab Emirates, United Kingdom, United States and Vietnam.

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? Yes No If yes, state particulars

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

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

Fever	<input type="checkbox"/>	Cough	<input type="checkbox"/>	Runny nose	<input type="checkbox"/>	Sore throat	<input type="checkbox"/>	Headaches	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	General feeling of being unwell	<input type="checkbox"/>						

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			