

MARITIME DECLARATION OF HEALTH

Public Health (Ships) (Amendment) (Wales) Regulations 2007

Submitted at the Port of	<input type="text"/>	Date	<input type="text"/>
Name of Ship	<input type="text"/>	Registration / IMO No.	<input type="text"/>
Arriving from	<input type="text"/>	Sailing to	<input type="text"/>
Nationality / Flag	<input type="text"/>	Master's Name	<input type="text"/>
Port of Registry	<input type="text"/>	Tonnages: Nett	<input type="text"/> Gross <input type="text"/>

Valid Sanitation Control (Exemption) Certificate carried on board Yes No

Issued at **Date**

Re-inspection required? Yes No

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

Port and date of visit

List of ports of call from commencement of voyage with dates of departure:

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship / vessel since the international voyage began or within the past thirty days, which ever is shorter, including all ports / countries visited in this period (add additional names to the attached Schedule):

(1) Namejoined from (1)(2)(3)

(2) Namejoined from (1)(2)(3)

No. of Crew **No. of Passengers**

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	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there on board or has there been during the voyage any case of disease which you suspect to be of an infectious nature? If yes , state particulars in attached Schedule	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the total number of ill passengers during the voyage been greater than normal / expected? How many ill persons? <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there any ill person on board now? If yes, state particulars in attached Schedule	<input type="checkbox"/>	<input type="checkbox"/>
5. Was a medical practitioner consulted? If yes, state particulars in attached Schedule	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any sanitary measure (e.g. quarantine, isolation, disinfection, or decontamination) been applied on board? If yes , specify type, place and date: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have any stowaways been found on board? If yes , where did they join the ship (if known): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there a sick animal or pet on board?	<input type="checkbox"/>	<input type="checkbox"/>

Note. In the absence of a surgeon, the Master should regard the following symptoms as ground 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) 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.

Date: **Signed:** Master

Countersigned: Ship's Surgeon (if carried)

Attachment to the Maritime Declaration of Health

Particulars of every case of illness or death occurring on board

Name	Class or Rating	Age	Sex	Nationality	Port, date joined ship / vessel	Nature of illness	Date of onset of symptoms	Disposal of case *	Drugs, medicines or other treatment given to patient	Comments

* **State** (1) whether the person recovered, is still ill, or died and

(2) whether the person is still on board, was evacuated (including the name of the port or airport), or was buried at sea.

Medical Equipment Certificate:

Issued at:

Date:

Potable water:

Latest potable water Certificate issued at:

Date:

Potable water tanks & lines last cleaned:

Date:

Potable water taken within the last 4 weeks:

Places:

Dates:

Year vessel built:

Cargo on board

Means of sewage disposal

(delete as appropriate)

Continuous discharge / Holding tank / Treatment plant

Means of garbage disposal

Food stores:

(Ports where food stores taken onboard)

Any radioactive cargo on board?

Yes

No

Owner's name, address & telephone number:

Representative of Owner / Agent: