

MARITIME DECLARATION OF HEALTH

Submitted for Port of Gibraltar

Name of ship		IMO N°	
Master's name		ETA	
N° of crew		N° of passengers	
Last Port		Next Port (after Gibraltar)	

Valid Sanitation Control Exemption/Control Certificate carried on board? YES NO
Issued at : _____ **Date:** _____

Re –inspection required? YES NO

Has ship visited an affected area identified by the World Health Organization? YES NO
Port and date of visit _____

Health Questions

		YES	NO
1	Has any person died on board during the voyage otherwise than as a result of accident? Total no. of deaths _____.		
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?		
3	Has the total number of ill passengers during the voyage been greater than normal/expected? How many ill persons? _____.		
4	Is there any ill person on board now?		
5	Was a medical practitioner consulted? If yes, state particulars of medical treatment or advice provided in the schedule		
6	Are there any conditions on board which may lead to infection or spread of disease? If yes, state particulars in attached schedule.		
7	Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? If Yes, specify type, place and date: _____		
8	Have any stowaways been found on board? If yes, where did they join the ship (if known)?		
9	Is there a sick animal or pet on board?		

If the answer to any of the above questions is yes full detail must be given in the Schedule to the Declaration

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.

Stamp & Signature:

Date of completion:

ATTACHMENT TO MARITIME DECLARATION OF HEALTH

NAME	CLASS OR RATING	AGE	SEX	NATIONALITY	PORT, DATE JOINED SHP/VESSEL	NATURE OF ILLNESS	DATE OF ONSET OF SYMPTONS	REPORTED TO A PORT MEDICAL OFFICER	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 or was evacuated (including the name of the port or airport).

MASTER OF THE VESSEL: _____