

## MODEL OF MARITIME DECLARATION OF HEALTH

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

Submitted at the port of .....Date.....

Name of ships or inland navigation vessel.....Registration/IMO No.....

Arriving from .....sailing to .....

(Nationality)(Flags of vessel).....Master's name.....

Gross tonnage (inland navigation vessel).....

Valid Sanitation Control Exemption/Control 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 Organization? Yes.....no.....

Port and date of visit .....

List ports of call from commencement of voyage with dates of departure, or within past thirty days,

Whichever is shorter:

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

(1) Name.....joined from: (1)..... (2)..... (3).....

(2) Name.....joined from: (1)..... (2)..... (3).....

(3) Name.....joined from: (1)..... (2)..... (3).....

Number of crew members on board.....

Number of passengers on board.....