**Maritime Declaration of Health**

| **Question** | **Answer** |
| --- | --- |
|  | |
| *Date of issue* |  |
|  | |
| *Fishing vessel’s number and name* |  |
| *IMO number* |  |
| *Gross tonnage* |  |
| *Length (L)* |  |
| *Nationality of the fishing vessel* |  |
| *Arriving from* | Fishing grounds |
| *Last port of call* |  |
| *Date of Last Call* |  |
| *Destination* | Fishing grounds |
| *Skipper’s full name* |  |
|  | |
| *Valid Ship Sanitation Control Exemption Certificate/Ship Sanitation Control Certificate?* | □ Yes □ No |
| *Issued at* |  |
| *Date of issue* |  |
| *Re-inspection required?* | □ Yes □ No |
|  | |
| *Has the fishing vessel visited an affected area identified by the World Health Organization?* | □ Yes □ No |
| *If yes, port of visit* |  |
| *If yes, date of visit* |  |
|  | |
| *List ports of call from commencement of the voyage with dates of departure, or within 30 days, whichever is shorter* | □ See the attached schedule |
|  | |
| *List crew members, passengers and other persons who have joined the fishing vessel since the voyage began or within thirty days, whichever is shorter, including all ports/countries visited in this period* | □ See the attached crew list  □ See the attached passenger list |
| *Number of crew on board* |  |
| *Number of passengers on board* |  |
|  | |
| *Health questions* | |
| *(1a) Has any person died on board during the voyage otherwise than as a result of accident?* | □ Yes □ No |
| *(1b) If yes, state particulars in an attached schedule* | □ See the attached schedule |
| *(2a) Is there on board or has there been during the voyage any case of disease which you suspect to be of an infectious nature?* | □ Yes □ No |
| *(2b) If yes, state particulars in an attached schedule* | □ See the attached schedule |
| *(3a) Has the total number of ill passengers during the voyage been greater than normal/expected?* | □ Yes □ No |
| *(3b) How many ill persons?* |  |
| *(4a) Is there any ill person on board now?* | □ Yes □ No |
| *(4b) If yes, state particulars in an attached schedule* | □ See the attached schedule |
| *(5a) Was a medical practitioner consulted?* | □ Yes □ No |
| *(5b) If yes, state particulars of medical treatment of advice provided in an attached schedule* | □ See the attached schedule |
| *(6a) Are you aware of any condition on board which may lead to infection or spread of disease?* | □ Yes □ No |
| *(6b) If yes, state particulars in an attached schedule* | □ See the attached schedule |
| *(7a) Has any sanitary measure been applied on board (e.g. quarantine, isolation, disinfection or decontamination)?* | □ Yes □ No |
| *(7b) If yes, specify type, place and date in an attached schedule* | □ See the attached schedule |
| *(8a) Have any stowaways been found on board?* | □ Yes □ No |
| *(8b) If yes, where did they join the vessel (if known)?* |  |
| *(9) Is there a sick animal or pet on board?* | □ Yes □ No |
|  | |
| Note: In the absence of a surgeon, the Skipper 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) coughing, (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 Maritime Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief. | |
|  | |
| *Signature of the Skipper* | Place signature here |
| *Date of signature* |  |

□ = Tick box as applicable

**Schedule to the Maritime Declaration of Health**

*Ports of call from commencement of the voyage with dates of departure, or within 30 days, whichever is shorter:*

Not applicable.

*Particulars relating to health question (1a):*

Not applicable.

*Particulars relating to health question (2a):*

Not applicable.

*Particulars relating to health question (3a):*

Not applicable.

*Particulars relating to health question (4a):*

Not applicable.

*Particulars relating to health question (5a):*

Not applicable.

*Particulars relating to health question (6a):*

Not applicable.

*Particulars relating to health question (7a):*

Not applicable.

*Particulars relating to health question (8a):*

Not applicable.