MARITIME DECLARATION OF HEALTH

(To be completed and submitted to the competent authorities by the Master of Ships arriving from Ports outside the territory)

Submitted at the port of ____________________________ Date ____________________________

Name of ship or vessel ____________________________ Registration/IMO No. ____________________________

Arriving from ____________________________ sailing to ____________________________

(Nationality)(Flag of vessel) ____________________________ Master's Name ____________________________

Gross tonnage (ship) ____________________________

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 port of 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 ____________________________

Health Questions

(1) Has any person died on board during the voyage otherwise than as a result of accident? Yes ______ No ______

If yes, state particulars in attached schedule. 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 an infectious nature? Yes ______ No ______ If yes, state particulars in attached schedule.

(3) Has the total number of ill passengers during the voyage been greater than normal/expected? Yes ______ No ______

How many ill persons? ____________________________

(4) Is there any ill person on board now? Yes ______ No ______ If yes, state particulars in attached schedule.

(5) Was a medical practitioner consulted? Yes ______ No ______

If yes, state particulars of medical treatment or advice provided in attached schedule.

(6) Are you aware of any condition on board which may lead to infection or spread of disease? Yes ______ No ______

If yes, state particulars in attached schedule.

(7) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? Yes ______ No ______

If yes, specify type, place and date.

(8) Have any stowaways been found on board? Yes ______ No ______ If yes, where did they join the ship (if known)

(9) Is there a sick animal or pet on board? Yes ______ No ______

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.

Signed ____________________________

Master ____________________________

Countersigned ____________________________

Ship Surgeon (if carried)

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 seasickness); (iii) severe diarrhoea; or (iv) recurrent convulsions.
**BAHAMAS CUSTOMS**

**ATTACHMENT TO MODEL OF MARITIME DECLARATION OF HEALTH**

<table>
<thead>
<tr>
<th>Name</th>
<th>Class or rating</th>
<th>Age</th>
<th>Sex</th>
<th>Nationality</th>
<th>Port, date joined ship/vessel</th>
<th>Nature of illness</th>
<th>Date of onset of symptoms</th>
<th>Reported to a port medical officer?</th>
<th>Disposal of case</th>
<th>Drugs, medicines or other treatment given to patient</th>
<th>Comments</th>
</tr>
</thead>
</table>

1. 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.

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(a) fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swellings; (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 diarrhea; or (iv) recurrent convulsions.