

FRENCH REPUBLIC



MARITIME DECLARATION OF HEALTH

To be completed and submitted to the health authorities by the masters of ships arriving from foreign ports 48 hours before their arrival

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

Name of ship ..... Registration / OMI N° .....

Arriving from ..... Sailing to .....

Nationality (Flag of ship) ..... Master's name .....

Gross tonnage .....

Valid Sanitation Control Exemption/Control Certificate carried on board ? \_\_\_\_\_ ▶ yes - no

Issued at ..... Date .....

Re-inspection required ? ▶ yes - no (If yes, complete specific attached schedule)

Has ship visited an affected area identified by the World Health Organization? —▶ yes - no

Name of port ..... and date of visit .....

List ports of call from last 30 days of voyage with dates of departure :

Port	Date of departure	Port	Date of departure
1.		5.	
2.		6.	
3.		7.	
4.		8.	

List of crew members, passengers or other persons who have joined ship since international voyage began or within past 30 days (add an attached schedule if necessary) :

Name	Joining port	Name	Joining port
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Number of crew members ..... Number of passengers .....

<b>Health questions</b>		<b>Yes</b>	<b>No</b>
1. Has any person died on board during the voyage otherwise than as a result of accident ? 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 suspect to be of an infectious nature ? If yes, state particulars in attached schedule.			
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 ? If yes, state particulars in attached schedule.			
5. Was a medical practitioner consulted ? 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 ? 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			

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, 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, accompanied by: 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 attached schedule) are true and correct to the best of my knowledge and belief.

Date ..... Signed Master ..... Countersigned Ship's Surgeon (if carried) .....

## ATTACHMENT TO MARITIME DECLARATION OF HEALTH

Name	Class or rating	Age	Sex	Nationality	Date and Port joined ship	Nature of illness	Date of onset of symptoms	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, was evacuated (including the name of the port or airport), or was buried at sea.