



**ENTRY-EXIT INSPECTION AND QUARANTINE
OF THE PEOPLES REPUBLIC OF CHINA
MARITIME DECLARATION OF HEALTH**

To be completed and submitted to the competent authorities of Inspection
and Quarantine by the master of Entry-exit ships

Submitted at the port of QING DAO Date 2015-04-
 Name of ship or inland navigation vessel _____ IMO No _____ Nationality _____ Master's name _____
 Entry ship: Arriving from _____ Arrival date and time: 2015-04-
 Exit ship: Sailing to _____ Departure date and time: 2015-04-
 Gross tonnage (ship) _____ Is there ballasting water on board? Yes No Any radioactive cargo on board? Yes No
 Food and drinking water loading ports? _____
 Valid sanitation Control Exemption/Control Certificate carried on board? Yes No Issued at _____ date _____
 Has ship/vessel visited an affected area identified by the World Health Organization? Yes No If yes, Port and date of visit _____

List ports of call from commencement of voyage with dates of departure, or within past four weeks, whichever is shorter:

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 four weeks, 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 of 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? _____ Person(s).
- (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
- (10) Have the crew and passengers had any the certificate of vaccination? Yes No
If have, how many? _____
- (11) Have the crew and passengers had any the certificate of health examination for international traveler? Yes No
If have, how many? _____

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.

Date 2015-04- Signature of Captain _____

Countersignature of Ship's Surgeon (if carried) _____