

NMSW - MARITIME DECLARATION OF HEALTH

SHIP PARTICULARS	To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports				
ARRIVAL/DEPARTURE TO/FROM UK?	Arrival				
NAME OF SHIP		IMO NUMBER			
NAME OF MASTER AUTHORISED AGENT OR OFFICER		FLAG STATE OF SHIP		TYPE OF SHIP	
UN LOCODE OF ARRIVAL PORT		DATE OF ARRIVAL		TIME OF ARRIVAL (HH:MM:SS)	
UN LOCODE OF DEPARTURE PORT		DATE OF DEPARTURE		TIME OF DEPARTURE (HH:MM:SS)	
Gross Tonnage					
Name of Ship Agent		Contact Number of Ship Agent			
Position of Ship in Port					
Valid Sanitation Control Exemption/Control Certificate carried on board?		Valid Sanitation Control Exemption/Control Certificate Place of Issue		Valid Sanitation Control Exemption/Control Certificate Date of Issue	
Re-inspection required		Has ship/vessel visited an affected area identified by the World Health Organization?		If yes - Name of 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:					
Number	Date from (dd/mm/yyyy)	Date to (dd/mm/yyyy)	Port Name	Country (ISO 3166-3)	UN Locode
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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):

Forename	Surname	Joined from

Number of crew members on board		<i>(including Master)</i>
Number of passengers on board		

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	
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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			
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Has the total number of ill passengers during the voyage been greater than normal/expected? Yes/No		How many ill persons?	
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Is there any ill person on board now? Yes/No* If yes, state particulars in attached schedule.			
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Was a medical practitioner consulted? If yes, state particulars of medical treatment or advice provided in attached schedule.					
Are you aware of any condition on board which may lead to infection or spread of disease?					
Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board?		If yes, specify type, place and date			
Is there a sick animal or pet on board?					
Name of Master, Authorised Agent or Officer Completing Form		Signature of Master, Authorised Agent or Officer Completing Form		Date Completed	

PUBLIC HEALTH (SHIPS) REGULATIONS 1979

THE PUBLIC HEALTH (SHIPS)(AMENDMENT)(ENGLAND) REGULATIONS 2001

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