

## NOAA SHIP DECLARATION OF HEALTH

PORT of ARRIVAL		COUNTRY		DATE (DD MMM YYYY)
NOAA SHIP		NATIONALITY	IMO NUMBER	GROSS TONNAGE
NAME of COMMANDING OFFICER/MASTER		ARRIVING FROM		
Is there a valid Sanitation Control Exemption or Sanitation Control Certificate on board the ship? <input type="checkbox"/> YES <input type="checkbox"/> NO		ISSUED AT		DATE
Is a re-inspection of the ship required? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Has the ship visited an affected area identified by the World Health Organization? <input type="checkbox"/> YES <input type="checkbox"/> NO		PORT NAME		DATE
<b>PREVIOUS PORTS of CALL</b> - List ports of call from commencement of voyage with dates of departure or within the past 30 days, whichever is shorter.				
DEPARTURE PORT	DEPARTURE DATE	ARRIVAL PORT	ARRIVAL DATE	
<b>EMBARKED CREW</b> - List persons who have joined the ship since international voyage began or within past 30 days, whichever is shorter, including all countries visited.				
NAME OF EMBARKED CREW MEMBER	DATE OF EMBARKATION	PORT OF EMBARKATION	PREVIOUS COUNTRY	PREVIOUS COUNTRY
NUMBER of CREW on BOARD		NUMBER of PERSONS OTHER THAN CREW on BOARD		
<b>HEALTH QUESTIONS</b>				
1. Has any person died on board the ship during the current voyage other than as a result of an accident? (If yes, state particulars on the attached Continuation Page.)				<input type="checkbox"/> YES <input type="checkbox"/> NO
Total number of deaths on board the ship since last port call.				
2. Is there on board or has there been during the international voyage, any case of disease which is suspected to be of a reportable infectious nature (e.g., Medical Event Report submitted)? (If yes, state particulars on the Continuation Page.)				<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Has the total number of ill persons during the voyage been greater than normal / expected? (If yes, state particulars on the Continuation Page.)				<input type="checkbox"/> YES <input type="checkbox"/> NO
Total number of ill persons on board the ship.				
4. Is there any ill person on board the ship now? (If yes, state particulars on the Continuation Page.)				<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Was a medical practitioner consulted? (If yes, state particulars of medical advice provided on the Continuation Page.)				<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Are you aware of any condition on board the ship which may lead to infection or spread of disease? (If yes, state particulars on the Continuation Page.)				<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have any sanitary measures (e.g., quarantine, isolation, disinfection, or decontamination) been applied on board the ship? (If yes, specify type, place, and date on the Continuation Page.)				<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have any stowaways been found on board the ship or have any persons been rescued at sea? (If yes, indicate names, nationality, date, and location where these persons were found on the Continuation Page.)				<input type="checkbox"/> YES <input type="checkbox"/> NO
NOTE: In the absence of a Medical Officer, the Commanding Officer/Master shall 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: 1) prostration, 2) decreased consciousness, 3) glandular swelling, 4) jaundice, 5) cough or shortness of breath, 6) unusual bleeding, or 7) paralysis.				
(b) With or without fever: 1) any acute skin rash or eruption, 2) severe vomiting, other than sea sickness, 3) severe diarrhea, or 4) recurrent convulsions.				
I hereby declare that the particulars and answers to the questions given in this Declaration of Health are true and correct to the best of my knowledge and belief.				
MEDICAL OFFICER / SENIOR MPIC NAME		SIGNATURE		DATE
COMMANDING OFFICER / MASTER NAME		SIGNATURE		DATE

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