

Falkland Islands MARITIME DECLARATION OF HEALTH



Completed forms to be submitted prior to arrival to: shipsclearance@customs.gov.fk

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports.

Submitted at the port of:		Date:	
Name of ship or Vessel		Registration/IMO No	
Arriving from:		Sailing to:	
(Nationality)(Flag):		Master's name:	
Gross tonnage (ship):		Tonnage (inland navigation vessel):	
Valid Sanitation Control Exemption/Control Certificate carried on board?			<input type="checkbox"/> Yes/ <input type="checkbox"/> No
		Date:	
		Issued at:	
Re-inspection required?			<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Has ship/vessel visited an affected area identified by the World Health Organization?			<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Port and date of visit:			
List ports of call from commencement of voyage with dates of departure, or within past 30 days, whichever is shorter:			
Port*	* Includes operations on high seas	Date of Departure	
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 30 days, whichever is shorter, including all ports/countries visited/inter-ship transfers at sea in this period (add additional names to the attached schedule):			
Name	Joined from:(a)	(b)	(c)
Total Number of crew members on board:			
Total Number of passengers on board:			

Health questions

1	Has any person died on board during the voyage otherwise than as a result of accident? If yes, state particulars in attached schedule.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
		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? If yes, state particulars in attached schedule.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
3	Has the total number of ill passengers during the voyage been greater than normal/expected?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
		How many ill persons?
4	Is there any ill person on board now? If yes, state particulars in attached schedule.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
5	Was a medical practitioner consulted? If yes, state particulars of medical treatment or advice provided in attached schedule.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
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.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
7	Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? If yes, specify type, place and date	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
8	Have any stowaways been found on board? If yes, where did they join the ship (if known)?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
9	Is there a sick animal or pet on board?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

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
- prostration;
 - decreased consciousness;
 - glandular swelling;
 - jaundice; (v)
 - cough or shortness of breath;
 - unusual bleeding; or
 - paralysis.
- (b) with or without fever: (
- any acute skin rash or eruption
 - severe vomiting (other than sea sickness);
 - severe diarrhoea; or
 - 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.

Signed:

(Master)

Date:

Countersigned:

(Ship's Surgeon) (if carried)

