

International Maritime Health Declaration (IMHD) Form

Vessel Information

Vessel Name

IMO Number

Flag State

Call Sign

Voyage No.

Arrival Information

Port of Arrival

Departure Port

Arrival Date

Arrival Time

Master's Information

Master's Name

Telephone/Email

Health Declaration

Number of crew on board

Number of passengers on board

Any person(s) ill or showing symptoms?

If yes, provide details below:

Name	Position	Symptoms	Date of onset	Action taken
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Recent ports of call (last 30 days):

Any deaths occurred on board? If yes, give details:

Declaration

I hereby declare that the particulars and answers to the questions above are true and correct to the best of my knowledge.

Signature of Master

Date