

# Pre-Arrival Maritime Health Declaration Form

## Vessel Information

Vessel Name

IMO Number

Flag

Call Sign

Arrival Port

Estimated Date of Arrival

Name of Master

Last Port of Call

## Health Information

Total Number of Crew

Total Number of Passengers

Number of ill persons on board

Describe symptoms and nature of illness (if any)

Details of any medical assistance provided

Details of any case(s) of death, disease or disposal of body(ies) during the voyage

Additional relevant information

## Declaration

I declare that the above statement and information are true and correct to the best of my knowledge and belief.

Name

Position

Date

Signature