

Maritime Declaration of Health

Name of Ship:

Call Sign:

Voyage Number:

Flag State:

Port of Departure:

Port of Arrival:

Date of Arrival:

Hour of Arrival:

Name of Agent:

Persons on Board

Crew (Number):

Passengers (Number):

Health Questions

Has there been on board during the voyage any case or suspected case of communicable disease?

If yes, specify details:

Has any person died on board during the voyage otherwise than as a result of accident?

If yes, state particulars:

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Ports of Call

Port	Date of Arrival	Date of Departure
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Additional Information

Details of any sick person(s) on board, health measures taken, or other remarks:

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Name of Master:

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Date:

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Signature:

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