

Maritime Health Declaration

Vessel Information

Vessel Name

IMO Number

Flag State

Port of Arrival

Arrival Date

Last Port Visited

Health Information

Total Crew Onboard

Total Passengers Onboard

Any illness or symptoms onboard?

☐ ☐ ☐

Crew Passengers None

If yes, specify details

Measures Taken

Declarant Details

Name

Position/Rank

Date

Signature