

# Maritime Health Declaration Form

Name of Ship

IMO Number

Flag State

Port of Arrival

Arrival Date

Arrival Time

Last Port of Call

Number of Crew

Number of Passengers

Are there any ill persons on board?

If yes, provide details

Have there been any cases of fever, cough, respiratory or gastrointestinal symptoms on board during the voyage?

If yes, provide details

Have any medical interventions taken place during voyage?

If yes, provide details

Any deaths on board during voyage?

If yes, provide details

Additional Information

Name of Master

Signature

Date