## **Ship-to-Port Communicable Disease Report**

## **Ship Information**

Ship Name
IMO Number
Call Sign
Flag State
Port of Departure
Date of Departure
Next Port of Call
Estimated Time of Arrival
Health Information
Number of Persons on Board
Total Number of III Persons
Number of Medical Staff On Board
Description of Cases / Symptoms

## **Case Details**

Name/ID	Age	Sex	Nationality	Position/Rank	Symptoms	Date of Onset	Isolation (Yes/No)

## **Actions Taken**

**Medical Treatments/Actions Taken** 

Reporte	er Information	1		
Name				
Title/Rank				
Date				