

BAHAMAS CUSTOMS

Nassau, The Bahamas

Medical Officer

MARITIME DECLARATION OF HEALTH

(To be completed and submitted to the competent authorities by the Master of Ships arriving from Ports outside the territory)

Submitted at the port of _____ Date _____

Name of ship or vessel _____ Registration/IMO No. _____

Arriving from _____ sailing to _____

(Nationality)(Flag of vessel) _____ Master's Name _____

Gross tonnage (ship) _____

Valid Sanitation Control Exemption/Control Certificate carried on board? Yes _____ No _____

Issued at _____ Date _____

Re-inspection required? Yes _____ No _____

Has ship/vessel visited an affected area identified by the World Health Organization? Yes _____ No _____

Port and date of visit _____

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):

(1) Name _____ Joined from: (1) _____ (2) _____ (3) _____

(2) Name _____ Joined from: (1) _____ (2) _____ (3) _____

(3) Name _____ Joined from: (1) _____ (2) _____ (3) _____

Number of crew members on board _____ Number of passengers on board _____

Health Questions

(1) Has any person died on board during the voyage otherwise than as a result of accident? Yes _____ No _____
If yes, state particulars in attached schedule. Total no. of deaths _____

(2) Is there on board or has there been during the international voyage any case of disease which you suspect to be an infectious nature? Yes _____ No _____ If yes, state particulars in attached schedule.

(3) Has the total number of ill passengers during the voyage been greater than normal/expected? Yes _____ No _____
How many ill persons? _____

(4) Is there any ill person on board now? Yes _____ No _____ If yes, state particulars in attached schedule.

(5) Was a medical practitioner consulted? Yes _____ No _____
If yes, state particulars of medical treatment or advice provided in attached schedule.

(6) Are you aware of any condition on board which may lead to infection or spread of disease? Yes _____ No _____
If yes, state particulars in attached schedule.

(7) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? Yes _____ No _____
If yes, specify type, place and date _____

(8) Have any stowaways been found on board? Yes _____ No _____ If yes, where did they join the ship (if known) _____

(9) Is there a sick animal or pet on board? Yes _____ No _____

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief.

Signed _____

Master

Date _____

Countersigned _____

Ship Surgeon (if carried)

Note: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:

(a) fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.

(b) with or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhea; or (iv) recurrent convulsions.

