MARITIME DECLARATION OF HEALTH

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports.

Submitted at the port of...……………….Date…………………………………..
Name of ship or inland navigation vessel ………………………………..……Registration/IMO №……..…………………
Arriving from….........................….……………………………Sailing to...
(Nationality)(Flag of vessel)……………………………………………………………………………………………………
Master's name…….…………………………………………………………………………………
Gross tonnage (ships)...Tonnage (inland navigation vessels)..
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 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 bored during the voyage otherwise than as a result of accident? Yes… No… If yes, state particulars in attached schedule.   Total n° of deaths........

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

Note: In 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 skin rash or eruption; *ii*) severe vomiting (other than sea sickness); *iii*) severe diarrhea; or *iv*) recurrent convulsions.

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

Countersigned………………………………………………
Ship's surgeon (if carried)

Date......................................

MINISTRY OF ECONOMY AND SUSTAINABLE
DEVELOPMENT OF GEORGIA
MARITIME TRANSPORT AGENCY

საქართველოს ეკონომიკისა და მდგრადი
განვითარების სამინისტრო
საზღვაო ტრანსპორტის სააგენტო

ATTACHMENT TO MARITIME DECLARATION OF HEALTH

Name	Class or rating	Age	Sex	Nationality	Port and date joined ship/vessel	Nature of illness	Date of onset of symptoms	Reported to a port medical officer?	Disposal of case*	Drugs medicines or other treatment given to patient	Comments

* State:
1) Whether the person recovered, is still ill or died; and
2) Whether the person is still on board, was evacuated (including the name of the port or airport), or was buried at sea.

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ATTACHMENT TO MARITIME DECLARATION OF HEALTH FOR PASSENGERS

Name	Age	Sex		Nationality	Did you visit in last 21 days any of mentioned countries: China, South Korea, Iran, Italy, Germany, France, Spain, Switzerland, Norway, Denmark or Austria?		Nature of illness (if any)	Date of onset of symptoms	Drugs medicines or other treatment given to patient	Comments
		F	M		Yes	No				

Person completed document (name; rank and signature)   ....

Signed ……………………………………………… Master

Date.....................................