

US Navy Declaration of Health

To be completed and submitted to the competent authority by the Captain of the ship entering a foreign port.

PORT NAME:			DATE (DD MMM YYYY):
SHIP NAME:	HULL NUMBER:	GROSS TONNAGE:	ARRIVING FROM:
NATIONALITY:		CAPTAIN'S NAME:	
Valid Sanitation Control Exemption / Control Certificate on Board? <input type="checkbox"/> YES <input type="checkbox"/> NO		ISSUED AT	DATE (DD MMM YYYY):
Is Re-Inspection Required? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has ship / vessel visited an affected area identified by the World Health Organization? <input type="checkbox"/> YES <input type="checkbox"/> NO		PORT NAME:	DATE OF VISIT (DD MMM YYYY):
List ports of call from commencement of voyage with dates of departure, or within past 30 days, whichever is shorter:	PORT NAME:		DEPARTURE DATE:
NUMBER OF CREW ON BOARD:		NUMBER OF PERSONS OTHER THAN CREW ON BOARD:	

HEALTH QUESTIONS

1. Has any person died on board during the voyage other than as a result of accident? If yes, state particulars in attached schedule. Total Number of Deaths: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Is there on board or has there been during the international voyage any case of disease which you suspect to be of a reportable infectious nature (e.g., Medical Event Report submitted)? If yes, state particulars in attached schedule.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Has the total number of ill persons during the voyage been greater than normal / expected? Total Number of ill persons? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Is there any ill person on board now? If yes, state particulars in attached schedule.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Was a medical practitioner consulted? If yes, state particulars of medical treatments or advice provided in attached schedule.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Are you aware of any condition on board which may lead to infection or spread of disease? If yes, state particulars in attached schedule.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Has any sanitary measures (e.g., quarantine, isolation, disinfection or decontamination) been applied on board? If yes, specify type, place and date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have any stowaways been found on board? If yes, where did they join the ship (if known): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTE: In the absence of a surgeon, the Captain/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 (1) prostration; (2) decreased consciousness; (3) glandular swelling; (4) jaundice; (5) cough or shortness of breath; (6) unusual bleeding; or (7) paralysis.
- b. with or without fever: (1) any acute skin rash or eruption; (2) severe vomiting (other than sea sickness); (3) severe diarrhea; or (4) 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.

CAPTAIN NAME:		SENIOR MEDICAL DEPT. REP. (When Applicable):	
CAPTAIN SIGNATURE:	DATE (DD MMM YYYY):	SENIOR MEDICAL DEPT. REP. SIGNATURE:	DATE (DD MMM YYYY):