

Appendix 4

MARITIME DECLARATION OF HEALTH

(To be rendered by the masters of ships arriving from ports outside the territory)

Port of..... Date

Name of ship..... From..... To.....

Nationality Master's name

Net Registered Tonnage

Deratting or 1 Certificate..... Dated.....

Deratting Exemption / issued at

Number of 1 Cabin..... Number of crew.....

passengers J_{Dec}k.....

List of ports of call from commencement of voyage with dates of departure:

.....

.....

3. Has any person died on board during the voyage* otherwise than as a result of accident? Give particulars in Schedule.
4. Is there on board or has there been during the voyage* any case of disease which you suspect to be of an infectious nature? Give particulars in Schedule.
5. Is there any sick person on board now? Give particulars in Schedule.

Note: In the absence of a surgeon, the Master should regard the following symptoms as ground for suspecting the existence of disease of an infectious nature: fever accompanied by prostration or persisting for several days, or attended with glandular swelling; or any acute skin rash or eruption with or without fever; severe diarrhoea with symptoms of collapse; jaundice accompanied by fever.

6. Are you aware of any other condition on board which may lead to infection or the spread of disease?

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's Surgeon

Health Questions	Answer Yes or No
1. Has there been on board during the voyage* any case or suspected case of plague, cholera, yellow fever, or smallpox? Give particulars in Schedule.
2. Has plague occurred or been suspected among the rats or mice on board during the voyage,* or has there been an abnormal mortality among them?

* If more than four weeks have elapsed since the voyage began, it will suffice to give particulars for the last four weeks.

Appendix 4 (continued)

SCHEDULE TO THE DECLARATION

Particulars of every case of illness or death occurring on board

Name	Class or rating	Age	Sex	Nationality	Port of embarkation	Date of embarkation	Nature of illness	Date of its onset	Results of illness*	Disposal of case**

* State whether recovered; still ill; died.
** State whether still on board; landed at (give name of port); buried at sea.

Appendix 5

**HEALTH PART OF THE AIRCRAFT
GENERAL DECLARATION**

Declaration of Health

Persons on board with illnesses other than airsickness or the effects of accidents (including persons with symptoms or Signs of illness such as rash, fever, chills, diarrhoea) as well as those cases of illness disembarked during the flight.....

Any other condition on board which may lead to the spread of disease

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting

Signature, if required:.....
Crew member concerned