MARITIME DECLARATION OF HEALTH
Public Health (Ships) Regulations 1979, as amended

Milford Haven Port Health Authority

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_____________________________________ Registration/IMO no.______________

Arriving from _______________________________ Sailing to_____________________________

Nationality/Flag of vessel_________________________ Master’s name_____________________

Gross Tonnage (ship)___________________________

Tonnage (inland navigation vessel)_______________________

Valid Sanitation Control Exemption/Control Certificate carried on board?   Y   es______ No_____

Issued at_______________________________ date____________________

Re-inspection required?   Yes______ No_____

Has ship/vessel visited an affected area identified by the W H O?  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):

Name………………………. joined from: (1)…………….. (2)……………..... (3)………….....

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Name………………………. joined from: (1)…………….. (2)……………..... (3)………….....

Number of crew members on board________________________

Number of passengers on board___________________________

Health Questions

Has any person died on board during the voyage otherwise that as a result of accident? yes……….  

If yes, state particulars in attached schedule. Total no. 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 in attached schedule.

Has the total number of sick passengers during the voyage been greater than normal/expected?  

Yes………. No……….  

How many persons ill?………….....

Is there an ill person on board now? Yes………………. No………………

If yes, state particulars in attached schedule.

Was a medical practitioner consulted? Yes………………. No………………

If yes, state particulars of medical treatment or advice provided in attached schedule.
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.

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

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

Is there a sick animal or pet on board? Yes............. No.............

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:

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.
With or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhoea; 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………………………………..