



**HEALTH QUESTIONS**

(1)	Has any person died on board during the voyage otherwise than as a result of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state particulars in attached schedule. <span style="float:right">Total no. of deaths:</span>
(2)	Is there a board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state particulars in attached schedule.
(3)	Has the total number of ill passengers during the voyage been greater than normal / expected? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state how many ill persons?
(4)	Is there any ill person on board now? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state particulars in attached schedule.
(5)	Was a medical practitioner consulted? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state particulars in attached schedule.
(7)	Has any sanitary measure (e.g., quarantine, isolation, disinfection or decontamination) been applied on board? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify type, place and date:
(8)	Have any stowaways been found on board? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state where did they join the ship:
(9)	Is there a sick animal or pet on board? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

- (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

**DECLARATION**

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

**MASTER SIGNATURE:** \_\_\_\_\_

**DATE:**

**SHIP'S SURGEON SIGNATURE:** \_\_\_\_\_  
(if carried)

