

**Model Maritime Declaration of Health  
(Form MDH)**

<b>MODEL OF MARITIME DECLARATION OF HEALTH</b>		
<b>TO BE COMPLETED AND SUBMITTED BY THE MASTERS OF SHIPS TO THE COMPETENT AUTHORITIES ARRIVING FROM FOREIGN PORTS</b>		
Submission at the Port of:	Date of Submission:	
Name of Ship or Inland Navigation Vessel:	Registration/IMO No.:	
Arriving From:	Sailing To:	
Nationality / Flag of Ship / Vessel:	Master's Name (Last, First, Middle):	
Gross Tonnage (Ship):	Tonnage (Inland Navigation Vessel):	
Valid Sanitation Control Exemption / Control Certificate carried on board: <input type="checkbox"/> Yes <input type="checkbox"/> No	Re-Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Issued by:		
Date of Issue:		
Has Ship / Vessel visited an affected area identified by the World Health Organization: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Port and Date of Arrival:		
Port and Date of Departure:		
List the ports of call from the commencement of the voyage with dates of departure, or within the past thirty days, whichever is shorter:		
<b>Port of Call</b>	<b>Departure Date:</b>	

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined the ship / vessel since the international voyage began, or within the past thirty days, whichever is shorter, including all ports / countries visited during this period (add additional names to the attached schedule if required).

Name	Joined From:

Number of crew members on:

Number of passengers on:

**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)

**ATTACHMENT TO MODEL OF MARITIME DECLARATION OF HEALTH \***

Name	Class / Rating	Age	Sex (M/F)	Nationality	Port and Date Joined Ship / Vessel (DD-MM-YY)	
					Port:	Date:

Nature of Illness	Date of onset of Symptoms (DD-MM-YY)	Reported to a port medical officer? (Y/N)	Disposal of Case **	Drugs, medicines or other treatment given to the Patient	Comments

\* Add additional sheets as necessary.

\*\* State (1) whether the person has recovered, 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.