



Ministry of Health

(regulations 3, 4, 16, 37)

(Form 1)
MARITIME DECLARATION OF HEALTH

To be completed and submitted to either a Port Health Officer or a Customs Officer by the master of all vessels arriving in Bermuda waters from foreign ports.

Submitted at the port of: Date (DD-MM-YYYY):
Name of vessel: Registration / IMO No:
Arriving from: Sailing to:
Nationality / Flag of vessel:
Master's name: Gross tonnage of vessel:
Valid Sanitation Control Exemption / Control Certificate carried on board? Yes No
Issued at: Date (DD-MM-YYYY):
Re-inspection required? Yes No
Has vessel visited an affected area identified by the World Health Organization? Yes No
Port: Date of visit (DD-MM-YYYY):

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:

Port: Departure Date (DD-MM-YYYY):
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Port: Departure Date (DD-MM-YYYY):

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined 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):

(1) Name: Joined from:
(1) (2) (3)
(2) Name: Joined from:
(1) (2) (3)



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- (3) Name: (1) (2) (3) Joined from:
- (4) Name: (1) (2) (3) Joined from:
- (5) Name: (1) (2) (3) Joined from:
- (6) Name: (1) (2) (3) Joined from:

Number of crew members on board:

Number of passengers on board:

Health Questions

- (1) Has any person died on board during the voyage otherwise than as a result of accident?
Yes No
If yes, state particulars in attached schedule. Total no. of 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.
- (3) Has the total number of ill passengers during the voyage been greater than normal/expected?
Yes No Number of ill persons:
- (4) Is there any ill person on board now?
Yes No If yes, state particulars in attached schedule.
- (5) Was a medical practitioner consulted?
Yes No
If yes, 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?
Yes No If yes, state particulars in attached schedule.

SCHEDULE TO THE DECLARATION

Particulars of every case of illness or death occurring on board

Name	Master or Crew	Age	Sex	Nationality	Date of Embarkation	Nature of Illness	Date of onset of Illness	Results of Illness (see Note 1)	Disposal of Case (see Note 2)

Note 1: State whether recovered; still ill or died.

Note 2: State whether still onboard; landed at (give name of port); or buried at sea.

INSTRUCTIONS

- 1) The master of a ship coming from a port outside Bermuda must ascertain the state of health of all persons on board, and fill in and sign the Declaration of Health in the foregoing pages.
- 2) The master should send an International Quarantine Message either direct to Bermuda Port Health or to their agent.
- 3) The message must contain such items as are appropriate for a Standard Quarantine Message
- 4) If the ship is not fitted with appropriate radio communications, the appropriate signal flag shall be hoisted upon vessel arrival in territorial waters.
- 5) The master should take all steps necessary to ensure that no persons other than a pilot shall board or leave the vessel without the permission of the Port Health Officer until pratique has been granted.