

BAHAMAS CUSTOMS

Nassau, The Bahamas

Medical Officer

MARITIME DECLARATION OF HEALTH

Appendix 5

(To be tendered by Master of Ships arriving from Ports outside the territory.)

Port of _____ Date _____

Name of Ship _____ From _____

Nationality _____ Master's Name _____

Net Registered Ton _____ Certificate _____ Date _____

Derating Exemption _____ Issued at _____

No. of Passengers _____ Cabin _____ No. of Crew _____

Deck _____

List of Ports of Call from commencement of voyage with dates of departure.

HEALTH QUESTIONS

(Answer Yes or No)

Has there been on board during the voyage* any case or suspected case of plague, cholera, yellow fever or small pox? _____

Has plague occurred or been suspected among rats or mice on board during the voyage* or has there been an unusual mortality among them? _____

Has any person died on board during the voyage* otherwise than as a result of accident? Give particulars in Schedule. _____

Is there on board during the voyage* any case of illness which you suspect to be of an infectious nature? Give particulars in Schedule. _____

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

Are you aware of any other conditions on board which may lead to infectious 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 be best of my knowledge and belief.

I/WE _____ SIGNED _____

MASTER

COUNTERSIGNED _____

* If more than six (6) weeks have elapsed since the voyage began, it will suffice to give particulars for the last six (6) weeks.

(Over)

**MARITIME DECLARATION OF HEALTH
APPENDIX 5 (CONTINUED)
SCHEDULE TO THE DECLARATION
PARTICULARS OF EVERY CASE OF ILLNESS OR DEATH OCCURRING ON BOARD**

NAME	CLASS OF RATING	AGE	SEX	NATIONALITY	DATE OF EMBARKING	NATURE OF ILLNESS	DATE OF OFF-SET	RESULT OF ILLNESS	DISPOSAL OF CASE

*State whether recovered: _____ Still Ill: _____ Died: _____

_____ MASTER'S SIGNATURE