

DEPARTMENT OF HOMELAND SECURITY

U.S. COAST GUARD

U.S. COAST GUARD DECLARATION OF HEALTH

To be completed and submitted to the competent authority by the Captain of the ship entering a foreign port.

Port Name:		Date (MMDDYYYYY):	
Ship Name:	Hull Number:	Gross Tonnage:	Arriving From:
Nationality:		Name of Captain:	
Valid Sanitation Control Exemption/ Control Certificate on Board? Yes No	If yes, Certificate Issued at:	Date Issued (MMDDYYYYY):	Is Re-Inspection Required? Yes No
Has ship/vessel visited an affected area identified by the World Health Organization? Yes No	If yes, Port Name:		Date of Visit (MMDDYYYYY):

List Ports of Call From Commencement of Voyage, including dates of departure (or within past 30 days, whichever is shorter.)

Port Name	Departure Date

Number of Crew on Board:	Number of Persons Other Than Crew on Board:
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HEALTH QUESTIONS

	Yes	No
1. Has any person died on board during the voyage other than as a result of accident? If yes, state particulars in attached schedule. Total Number 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 a reportable infectious nature (e.g., Medical Event Report submitted)? If yes, state particulars in attached schedule.		
3. Has the total number of ill persons during the voyage been greater than normal/expected? Total Number of Ill Persons:		
4. Is there any ill person on board now? If yes, state particulars in attached schedule.		
5. Was a medical practitioner consulted? If yes, state particulars of medical treatments or advice provided in attached schedule.		
6. Are you aware of any condition on board which may lead to infection or spread of disease? If yes, state particulars in attached schedule.		
7. Has any sanitary measures (e.g., quarantine, isolation, disinfection, or decontamination) been applied on board? If yes, specify type, place, and date:		
8. Have any stowaways been found on board? If yes, where did they join the ship (if known):		

PRIVACY ACT STATEMENT

AUTHORITY: The authority for collection of is found in the Privacy Act of 1974, 5 U.S.C. § 552a.
PURPOSE: The Coast Guard will use this information to collect information related to the vessel's Shipboard Sanitation Program.
ROUTINE USES: The information will be used by and disclosed only to authorize Coast Guard Health Services personnel to assist in activities related to Shipboard Sanitation. Additionally, the Coast Guard may share the information with authorized Coast Guard facility operators, or other government agencies as necessary to resolve any sanitation issues.
DISCLOSURE: Furnishing this information is mandatory. Failure to provide the requested information may delay or prevent the docking of your vessel at a foreign port.

NOTE: In the absence of a surgeon, the Captain/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 (1) prostration; (2) decreased consciousness; (3) glandular swelling; (4) jaundice; (5) cough or shortness of breath; (6) unusual bleeding; or (7) paralysis.
- b. With or without fever: (1) any acute skin rash or eruption; (2) severe vomiting (other than sea sickness); (3) severe diarrhea; or (4) 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.

Name of Captain:		Name of Senior Medical Department Representative (When Applicable):	
Signature of Captain:	Date (MMDDYYYYY):	Signature of Senior Medical Dept. Rep.:	Date (MMDDYYYYY):