PUBLIC HEALTH (SHIPS) REGULATIONS 1979
THE PUBLIC HEALTH (SHIPS) (AMENDMENT) (WALES) REGULATIONS 2007

MARITIME DECLARATION OF HEALTH

Submitted at the port of ___________________________ Date _______________________

Name of ship/inland navigation vessel ___________________________ Registration/IMO No ___________________________

Arriving from ___________________________ Sailing to ___________________________

(Nationality)(Flag of vessel) ___________________________ Master’s Name ___________________________

Gross tonnage (ship) ___________________________ Tonnage (inland navigation vessel) ___________________________

Valid Sanitation Control Exemption/Control Certificate carried on board? YES / NO
Issued at ___________________________ Date ___________________________

Re-inspection required? YES / NO

Has ship/vessel visited an affected area identified by the World Health Organisation? YES / NO
Port and date of visit ___________________________

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

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

(3) Name ___________________________ joined from: (1) ___________________________ (2) ___________________________ (3) ___________________________

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 on 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 How many 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.

(7) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? YES / NO If yes, specify type, place and date ___________________________

(8) Have any stowaways been found on board? YES / NO If yes, when did they join the ship (if known)? ___________________________

(9) Is there a sick animal or pet on board? YES / 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 accompanies 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 diarrhoea; or (iv) 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.

Signed ___________________________ Countersigned ___________________________

Date ___________________________ Master Ships Surgeon (if carried)
<table>
<thead>
<tr>
<th>Name</th>
<th>Class or rating</th>
<th>Age</th>
<th>Sex</th>
<th>Nationality</th>
<th>Port, date joined ship/vessel</th>
<th>Nature of illness</th>
<th>Date of onset of symptoms</th>
<th>Reported to a port medical officer?</th>
<th>Disposal of case*</th>
<th>Drugs, medicines or other treatment given to patient</th>
<th>Comments</th>
</tr>
</thead>
</table>

* State (1) whether the person recovered, is 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.
**For The Information of**  
Newport Port Health Authority

(The following particulars are not prescribed by the Public Health (Ships) Regulations 1979 as amended, but are requested in order to assist and expedite the work of the Port Health Authority.)

<table>
<thead>
<tr>
<th>First Port Of Loading</th>
<th>Date of Departure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Next Port (if Voyage Not completed)</td>
<td></td>
</tr>
<tr>
<td>Name of Owners or Agents</td>
<td></td>
</tr>
<tr>
<td>Nature of Cargo</td>
<td></td>
</tr>
<tr>
<td>Place of Berthing (if known)</td>
<td></td>
</tr>
<tr>
<td>Number of Persons on Board:-</td>
<td></td>
</tr>
<tr>
<td>(a) Crew</td>
<td></td>
</tr>
<tr>
<td>(b) Passengers</td>
<td></td>
</tr>
<tr>
<td>i. British</td>
<td></td>
</tr>
<tr>
<td>ii. Alien</td>
<td></td>
</tr>
<tr>
<td>iii. Commonwealth</td>
<td></td>
</tr>
<tr>
<td>(c) Other Persons on Board</td>
<td></td>
</tr>
<tr>
<td>i. D.B.S</td>
<td></td>
</tr>
<tr>
<td>ii. Shipping Agents, Passenger Pilots, etc</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

**INSTRUCTIONS TO MASTERS**

**Notification of infectious disease, etc. on board.**
The Master of a ship must, if there are any circumstances on board requiring the attention of the Medical Officer, send by appropriate means before arrival, either directly or through an agent a radio message, fax, email or other communication to “Port Health” Newport City Council, stating the name of his vessel and the time on the 24 hour clock she is expected to arrive. The message must be sent not more than 12 hours (and whenever practicable not less than 4 hours) before the arrival of the Ship.
Where it is not possible to comply with the notification before arrival the Master of a ship must notify the Port Health Authority immediately on arrival, of any circumstances requiring the attention of the Medical Officer.

**Maritime Declaration of Health**

(1) subject to the provisions of regulation 15 of the Public Health (Ships) Regulations 1979 as amended where on the arrival of a ship, the master
(a) has a report to make in accordance with regulation 13(1)(a), (b) or (c), of the Regulations: or
(b) is directed by the medical officer to complete a Maritime Declaration of Health

He shall complete a Maritime Declaration of Health in the form set out in pages 1 to 2 which shall be countersigned by the ship’s surgeon if one is carried:

(2) The master shall deliver the Declaration to the authorised officer, who shall forward it to the local authority.
If, within four weeks after the Master of a ship has delivered a Maritime Declaration of Health under regulation 15 or a corresponding provision in force in Scotland or Northern Ireland, the ship arrives in a district or calls at another district, as the case may be, the Master shall report to the authorised officer any case or suspected case of infectious disease or tuberculosis which has occurred on board since the Declaration was delivered and which has not already been reported.

**Restriction on boarding or leaving ships**
Regulation 17(1) of the Public Health (Ships) Regulations 1979 as amended states
(1) Where the authorised officer so directs, or there the master is required to make a report in accordance with regulation 13(1)(a), (b) or (c), no person, other than the pilot, a customs officer or an immigration officer, shall, without the permission of the authorised officer, board or leave a ship until free pratique has been granted, and the master shall take all reasonable steps to secure compliance with the provision.

**Newport Port Health Authority**
**Public Protection Service**
**Newport City Council**
**Civic Centre**
**Newport**
**NP20 4UR**
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**Email: env.health@newport.gov.uk**