

# MARITIME DECLARATION OF HEALTH

(To be rendered by the Masters of Ships arriving from ports outside the territory).

PORT OF GIBRALTAR ..... DATE .....

NAME OF SHIP ..... NATIONALITY .....

FROM ..... TO .....

GROSS TONNAGE ..... MASTER'S NAME .....

DERATting OR ] CERTIFICATE ..... DATED .....

DERATting ]  
EXEMPTION ] ISSUED AT .....

CABIN ..... NUMBER OF CREW .....

NUMBER OF PASSENGERS DECK .....

Lists of ports of call from commencement of voyage with dates of departure:-

.....  
.....

## HEALTH QUESTIONS

1. Has there been on board during the voyage\* any case or suspected case of plague, cholera, yellow fever, typhus fever or small pox? Give particulars in the Schedule. ....
2. Has plague occurred or been suspected among the rats or mice on board during the voyage\* or has there been an unusual mortality among them? .....
3. Has any person died on board during the voyage\* otherwise than as a result of accident? Give particulars in the Schedule. ....
4. Is there on board or has there been during the voyage\* any case of illness which you suspect to be of an infectious nature? Give particulars in the Schedule. ....

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

6. Are you aware of any other condition on board which may lead to infection or the spread of infectious disease? .....

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

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.

.....  
(Master)

DATE.....

SIGNED.....  
(Ship's Surgeon)

**SCHEDULE TO THE DECLARATION**

NAME	CLASS OR RATING	AGE	SEX	NATIONALITY	PORT OF EMBARKATION	DATE OF EMBARKATION	NATURE OF ILLNESS	DATE OF ITS ONSET	RESULTS* OF ILLNESS	DISPOSAL* OF CASE

\* State whether recovered, still ill, died.

\*\* State whether still on board, landed at (give name of port), buried at sea.