

COVID - 19

HEALTH DECLARATION FORM

VESSEL CALLING TEMA PORT

Name of vessel: Date : Time of call / ETA :

1) Last Ten ports of call and dates of departure

S/N	COUNTRY	PORT	DATE OF DEPARTURE	TIME OF DEPARTURE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

2) Number of crew members on board including the master.....

3) Number of passengers on board.....

Is there anyone on board who is ill or has a disease of infectious nature? Yes No

If Yes, has the person been isolated?.....

4) Is there any condition on board which may lead to infection or spread of disease? Yes No

If Yes, what has been done?.....

5) (i) Date of last crew change over and at which port?.....

(ii) Resident country of signed – on crew, if any:
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6) Is there anyone on board having the following signs?

- a. Fever Yes No
- b. Cough Yes No
- c. Difficulty in Breathing Yes No
- d. Generally feeling unwell Yes No
- e. Symptoms of 'FLU' or 'Common Cold' Yes No
- f. Sore Throat Yes No

If there is Fever, (Temperature \geq 38.0°C), if you answer YES to any two of the above, please keep the person in isolation.

7) Has any person on board taken any of these medications in the last 24 hours?

- a. Paracetamol, or any pain-relieving medication Yes No
- b. Antibiotics Yes No
- c. Antiviral drugs Yes No
- d. FLU or Common Cold medication Yes No

8) Are there any health concerns the vessel wants to report?

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Please update immediately on VHF CH 14/email via agent to Port Control wherever there is any change in the health status of the crew.

Name and Signature of Captain or Officer on board :