

IBH - 003

FP



Port Health
International Border Health
Health Protection Agency, Ministry of Health
Republic Of Maldives

APPLICATION FOR FREE PRATIQUE

Name and type of the Vessel:

Nationality:		IMO Number:	
Registration Number:		Net Tonnage:	
E.T.A (hours):	Date:	Anchorage:	
No. of Crew:		No. of Passenger:	
Last Port:			

Port of call for the last 30 Days

Name of port and Country	Date of departure	Name of port and country	Date of departure

(Include an attachment if necessary)

1. Has any case of infectious diseases occurred on board during the past 30 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has the total number of ill passengers during the past 30 days been greater than normal / expected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is there any ill person on board now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has any person died on board during the past 30 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have any stowaways been found on board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is there any animal or pet on board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Date, port and country of issue of Ship Sanitation Certificate under the IHR(2005) Date: _____ Port: _____ Country of Issue: _____		

9. Did any port health authority make any recommendations/comments on the Certificate? Yes or No, If yes, please state particulars: _____ (Include an attachment if necessary)

I certify that the above statements are true.

Name of applicant or Agent (in block letters):

Fax no. _____

Tel no. _____ Mobile No. _____

Seal and Signature

Date of Submission: _____

FOR OFFICIAL USE

Assessment By Port Health Officer

Assessing Health Officer: _____

Form Complete: Yes No

Received Date: _____ Time: _____

Pratique granted Yes No, If No specify reason: _____

Pratique Ref. No. (If Pratique granted): _____

Date of Pratique: _____ Time: _____

Signature: _____

Documents to be presented within 24 hours

Received Date: _____ Time: _____

List of docs presented:

- Maritime declaration of health Crew list Passenger list
 Reports on rodent vector and sanitary condition of vessel
 SSCE certificate (copy) Yellow fever vaccination list
 Medicine chest/list last 10 port Ship particular
 Reefer container log sheet veterinary certificate (copy)

All documents received within 24hrs: Yes No (refer to port health regulation, article 7(d) and annex 5, take necessary action)

Received port health officer: _____

Signature: _____