

IBH - 004

OH



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

OUTWARD DECLARATION OF HEALTH

| | | | | | | | |
|---|--|------------------|--|---------------------------|--|-----------|--|
| Name and Type of ship/Vessel: | | | | | | | |
| Port of Registration and Number: | | | | | | | |
| Name of Owner and Address: | | | | | | | |
| Name & Address of Agent: | | | | | | | |
| Name of Captain: | | | | | | | |
| Ship Sanitation Control Exemption Certificate (SSCE) Issued Date: | | | | Issued port | | | |
| Date of Arrival: | | Port of Arrival: | | | | | |
| No of Crew: | | No of Passenger: | | Sign on: | | Sign off: | |
| Last port: | | | | Next port: | | | |
| Port of Departure: | | | | Date & Time of Departure: | | | |
| Is there any sick person on board now? Give full details: | | | | | | | |
| | | | | | | | |
| Has there been any person sick in past 7 days or suspected case of cholera, yellow fever, or any acute skin rash or eruption with or without fever, diarrhoea, fever etc ? Give full details: | | | | | | | |
| | | | | | | | |

DECLARATION

I hereby declare that the particulars and answers to the questions given in this form are true and correct to the best of my knowledge and belief.

Name of Agent or Captain: _____

Date: ____ / ____ / ____ (dd/mm/yyyy)

Signature & Stamp