

ΔΙΕΘΝΗΣ ΥΓΕΙΟΝΟΜΙΚΗ ΣΥΜΒΑΣΗ 1944

SANITARY CONVENTION 1944

ΝΑΥΤΙΛΙΑΚΗ ΔΗΛΩΣΗ ΥΓΕΙΑΣ

MARITIME DECLARATION OF HEALTH

ΔΙΕΘΝΗΣ ΤΥΠΟΣ-INTERNATIONAL FORM

PORT OF MITILENE DATE.....

NAME OF VESSEL..... FROM..... TO.....

NATIONALITY..... MASTER'S NAME.....

NET REGISTERED TONNAGE.....

DERATISATION { CERTIFICATE.....  
OR DERATISATION { DATED.....  
EXEMPTION { ISSUED AT.....

No. OF { CABIN.....  
PASSENGERS { DECK..... No. OF CREW.....

LIST OF PORTS OF CALL FROM COMMENCEMENT OF VOYAGE WITH DATES OF DEPARTURE  
.....  
.....

HEALTH QUESTIONS

(Answer YES or NO)

1. Has there been on board during the voyage\* any case or suspected case of Plague, Cholera, Yellow fever, or Smallpox? No

\* Particulars for the last six weeks

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

2. Has plague occurred or been suspected among the rats or mice on board during the voyage, or gas there been any unusual mortality among them? No

3. Has any person died on board during the voyage otherwise than as a result of accident? Give particulars in Schedule. No

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 Schedule. No

5. Is there any sick person on board now? Give particulars in Schedule. No

6. Are you aware of any other condition on board which may lead to infection or the spread of infectious disease? No

I hereby declare that the particulars and answers to the questions given in the Declaration of health (including the Schedule) are true to the best of my knowledge and belief.

Date.....

Signed..... (Master)