

EXAMPLE OF MARITIME HEALTH NOTIFICATION FOR RIVER CRUISE SHIPS VISITING THE DUTCH PORTS IN THE AMSTERDAM REGION*

To be completed and submitted to the competent authorities by the masters of ships arriving from other ports.

Submitted at the port of

Date

Name of ship and agency

ENI number

Arriving from

Sailing to

Nationality

Has ship visited an affected area identified by the World Health Organization? yes no

Port and date of visit

Number of crew members on board

Number of passengers on board

Health questions

1. Is there on board or has there been during the voyage any case of disease which you suspect to be of an infectious nature? yes no
If yes, state particulars in attached schedule.
2. Has the total number of ill passengers during the voyage been greater than normal/expected?
 yes no
How many ill persons?
3. Is there any ill person on board now? yes no
If yes, state particulars in attached schedule.
4. Was a medical practitioner consulted? yes no
If yes, state particulars of medical treatment or advice provided in attached schedule.
5. Are you aware of any condition on board which may lead to infection or spread of disease? yes no
If yes, state particulars in attached schedule.

6. Have any stowaways been found on board? yes no
If yes, where did they join the ship (if known)?

7. Is there a sick animal or pet on board? yes no

Sanitary measure

8. Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? yes no
If yes, specify type, place and date

Note: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:

(a) fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.

(b) with or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhea; or (iv) recurrent convulsions.

I hereby declare that the particulars and answers to the questions given in this notification (including the schedule) are true and correct to the best of my knowledge and belief.

Signed

Master Countersigned

Ship's Surgeon (if carried)

Date

Send this form by mail to the following email address: mdoh@rivm.nl

* Note: RIVM and GGD decided that a Maritime Declaration of Health has to be used by the Rivercruise industry. They confirmed that the international format of the health declaration (annex 8, IMO) is not prescribed. To be sure the health declaration contains the necessary information this form can be used as an example. It does not replace the international model of Maritime Declaration of Health made by IMO