

MARITIME DECLARATION

BAHAMAS CUSTOMS ATTACHMENT TO MODEL MARITIME DECLARATION OF HEALTH	
Name:	
Class or Rating:	
Age:	
Gender:	
Nationality:	
Port of origin:	
Date Joined vessel:	
Illness Nature, if any:	
Date of onset of symptoms:	
Reported to a port medical officer? Name and contact info:	
Disposal of case*:	
Drugs, medicines or other treatment given to patient:	
Comments:	
<p>Signature:</p>	
<p>* State: (1) whether the person recovered, is still ill or died and (2) whether the person is still on board, was evacuated (including the name of the port or airport) or was buried at sea.</p> <p>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:</p> <p style="padding-left: 40px;">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.</p> <p>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.</p>	