

**General Health Declaration Form
Regarding high risk travelers on board**



**Quarantine Unit
Ministry of Health, Sri Lanka**

To be filled by Mater/Surgeon/Doctor of the vessel

Please fill the form truly and completely in English BLOCK CAPITALS

01). Name of the Vessel:		02). Name of the Master:	
03). IMO No.:	04). Last port of call:	05). Date of departure:/...../.....	
06). Ports of call during last 14 days :		07). Number of crew:	
		08.) Number of passengers:	
09). Is there any traveler (passenger or crew member) who embarked from a port of a country of WHO –“Very High Risk” category for 2019 -nCoV infection within 14 days?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
10). Is there any traveler who is having follwing symptoms ?			
Fever	Throat	Cough	Running nose
Headache	Diarrhoea	Vomiting	Shortness of breath
		Fatigue	Muscle/Joint pain
Yes <input type="checkbox"/> No <input type="checkbox"/>			
11).Is there any traveler who had a close contact with a person having flu (with above symptoms) or with a person coming from a country of WHO-‘Very High Risk’ category for 2019-CoV infection within 14 days?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
If the response for any of the questions numbers 09, 10 and 11 is ‘Yes’ a list of such travelers should be provided according to the format attached herewith. Further, all such travelers should fill the Health Declaration Form individually.			
12). We declare all the information given by us is true and correct:			
Signature of the Master of the ship:.....Date:...../...../.....			
Signature of the Surgeon/Doctor of the ship:..... Date:/...../.....			

