



MARITIME AND PORT AUTHORITY OF SINGAPORE

PORT MARINE CIRCULAR
NO.8 OF 2015

16 Jul 2015

Shipping Community

COMPULSORY MARITIME HEALTH DECLARATION BY VESSELS THAT HAVE BEEN TO EBOLA AFFECTED COUNTRIES (GUINEA, LIBERIA and SIERRA LEONE) IN THE PAST 21 DAYS

This circular supersedes PMC 5 of 2015.

2. On 1 July 2015, the World Health Organisation confirmed a fatal case of EVD in Liberia, seven weeks after the country was declared EVD-free.
3. As part of the measures to prevent the introduction of Ebola Virus Disease (EVD) into Singapore, this circular makes reference to the updated requirement of the National Environment Agency (Port Health Section / Central Regional Office) for all arriving vessels that have been to the Ebola affected countries (i.e. Guinea, Liberia and Sierra Leone) in the past 21 days to submit the Maritime Declaration of Health Form to the Port Health Office.
4. The procedure, as advised by Port Health Section / Central Regional Office, is attached in “**Appendix A**”.
5. The Maritime Declaration of Health Form is attached in “**Appendix B**”.

CAPT DAKNASH GANASEN
PORT MASTER
MARITIME AND PORT AUTHORITY OF SINGAPORE

06 July 2015

Shipping Community,

**COMPULSORY MARITIME HEALTH DECLARATION BY VESSELS THAT
HAVE BEEN TO EBOLA AFFECTED COUNTRIES (GUINEA, SIERRA LEONE
AND LIBERIA) IN THE PAST 21 DAYS**

On 1 July 2015, the World Health Organisation has confirmed a fatal case of EVD in Liberia, seven weeks after the country was declared EVD-free.

2 As part of the measures to prevent the introduction of Ebola Virus Disease (EVD) into Singapore, all vessels that had been to the affected countries (i.e. Guinea, Sierra Leone and Liberia) in the past 21 days are required to submit the Maritime Declaration of Health Form to the Port Health Section/ Central Regional Office on arrival at Singapore Port. The Maritime Declaration of Health Form is to be submitted regardless whether there are any sick passengers or crew on board. This procedure is to be implemented with immediate effect.

3 The Maritime Declaration of Health Form should be submitted to the Port Health Section/ Central Regional Office via :-

- a) Fax: 62228543
- b) Email: Port_Health_CRO@nea.gov.sg

4 Should you have further queries, please contact Port Health Section at Tel: 6222 2585 or VHF Channel: 14

Yours sincerely



S. MOHAN
SENIOR MANAGER
PORT HEALTH SECTION
CENTRAL REGIONAL OFFICE
NATIONAL ENVIRONMENT AGENCY

MARITIME DECLARATION OF HEALTH

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

Submitted at the port of Date.....
 Name of ship or inland navigation vessel Registration/IMO N°.....
 Arriving from..... Sailing to.....
 (Nationality)(Flag of vessel).....
 Master's name.....
 Gross tonnage (ships)..... Tonnage (inland navigation vessels).....
 Valid Sanitation Control Exemption/Control Certificate carried on board? Yes.....No.....
 Issued at..... Date.....
 Re-inspection required? Yes... No...
 Has ship/vessel visited an affected area identified by World Health Organization? Yes..... No.....
 Port and date of visit.....
 List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:

 Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all Ports/countries visited in this period (add additional names to the attached schedule):
 1) Name..... joined from: 1).....2).....3).....
 2) Name..... joined from: 1).....2).....3).....
 3) Name..... joined from: 1).....2).....3).....
 Number of crew members on board.....
 Number of passengers on board.....

Health questions

- 1) Has any person died on board during the voyage otherwise than as a result of accident? Yes... No.....
 If yes, state particulars in attached schedule. Total no. of deaths.....
- 2) Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature? Yes.... No... If yes, state particulars unattached schedule.
- 3) Has the total number of ill passengers during the voyage been greater than normal/expected? Yes... No....
 How many ill persons?.....
- 4) Is there any ill person on board? Yes.... No.... If yes, state particulars in attached schedule.
- 5) Was a medical practitioner consulted? Yes... No... If yes, state particulars of medical treatment or advice provided in attached schedule.
- 6) 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.
- 7) Has a sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? Yes... No... If yes, specify type, place and date.....
- 8) Have any stowaways been found on board? Yes... No... If yes, where did they join the ship (if known)?
- 9) Is there a sick animal or pet on board? Yes... No...

Note: In 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 skin rash or eruption; ii) severe vomiting (other than sea sickness); iii) severe diarrhoea; or iv) recurrent convulsions.

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

Signed
 Master

Countersigned.....
 Ship's surgeon (if carried)

Date.....

ATTACHMENT TO MODEL OF MARITIME DECLARATION OF HEALTH

Name	Class or rating	Age	Sex	Nationality	Port and date joined ship / vessel	Nature of illness	Date of onset of symptoms	Reported to a port medical officer?	Disposal of case*	Drugs medicine or other treatment given to patient	Comments

* 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..