

MARITIME AND PORT AUTHORITY OF SINGAPORE

PORT MARINE CIRCULAR NO. 13 OF 2015

11 Nov 2015

Shipping Community

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

This circular supersedes PMC 10 of 2015.

- The World Health Organisation has officially declared that Sierra Leone is now free of the Ebola virus transmission from 7 Nov 2015.
- 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 Office) for all arriving vessels that have been to the Ebola affected countries (i.e. Guinea) in the past 21 days to submit the Maritime Declaration of Health Form to the Port Health Office.
- The procedure, as advised by Port Health 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



Central Regional Office 4545 Jalan Bukit Merah Singapore 159466 Tel: 6272 4266 Fax: 6273 9641 www.nea.gov.sg

9 November 2015

Shipping Community,

COMPULSORY MARITIME HEALTH DECLARATION BY VESSELS THAT HAVE BEEN TO EBOLA AFFECTED COUNTRY (GUINEA) IN THE PAST 21 DAYS

The World Health Organisation has officially declared that Sierra Leone is now free of the Ebola virus transmission from 7 Nov 2015.

- As part of the measures to prevent the introduction of Ebola Virus Disease (EVD) into Singapore, all vessels that had been to the affected country (i.e. Guinea) 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.
- 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 faithfully

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 ma	asters of ships arriving from foreign ports.									
Submitted at the port of	Date									
Name of ship or inland navigation vessel	Registration/IMO No									
arriving fromsai	ling to									
(Nationality)(Flag of vessel)	er's name									
Gross tonnage (ship)										
Tonnage (inland navigation vessel)										
Valid Sanitation Control Exemption/Control Certificate carried on board	d? Yes No Issued at date									
Re-inspection required? Yes No										
Has ship/vessel visited an affected area identified by the World Health	Organization? Yes No									
Port and date of visit										
List ports of call from commencement of voyage with dates of departur										
Upon request of the competent authority at the port of arrival, list crew ship/vessel since international voyage began or within past thirty days, period (add additional names to the attached schedule):										
(1) Namejoined from:(1)										
(2) Namejoined from:(1) (3) Namejoined from:(1)										
Number of crew members on board	(2)									
Number of passengers on board										
Health qu	estions									
(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 nature? Yes No If yes, state particulars in attached schedule										
(3) Has the total number of ill passengers during the voyage been greated How many ill persons?	ater than normal/expected? Yes No									
(4) Is there any ill person on board now? Yes No If yes, sta	ate particulars in attached schedule.									
$(5)\mbox{Was}$ a medical practitioner consulted? Yes No If yes, stat schedule.	te particulars of medical treatment or advice provided in attached									
(6) Are you aware of any condition on board which may lead to infection of yes, state particulars in attached schedule.	on or spread of disease? Yes No									
(7) Has any sanitary measure (e.g. quarantine, isolation, disinfection o	r 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 ye	s, where did they join the ship (if known)?									
(9) Is there a sick animal or pet on board? Yes No										
Note: In the absence of a surgeon, the master should regard the follow disease of an infectious nature: (a) fever, persisting for several days or accompanied by (i) p swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) (b) with or without fever: (i) any acute skin rash or eruption; (diarrhoea; or (iv) recurrent convulsions.	prostration; (ii) decreased consciousness; (iii) glandular unusual bleeding; or (vii) paralysis.									
I hereby declare that the particulars and answers to the questions give correct to the best of my knowledge and belief.	on in this Declaration of Health (including the schedule) are true and									
Date	Signed Master									
	Countersigned									

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 medicines 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..