

# 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**

<b>01). Name of the Vessel:</b>		<b>02). Name of the Master:</b>	
<b>03). IMO No.:</b>	<b>04). Last port of call:</b>	<b>05). Date of departure:</b> ...../...../.....	
<b>06). Ports of call during last 14 days :</b>		<b>07). Number of crew:</b>	
		<b>08.) Number of passengers:</b>	
<b>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?</b>  <div style="text-align: center;"> Yes <input type="checkbox"/>      No <input type="checkbox"/> </div>			
<b>10). Is there any traveler who is having follwing symptoms ?</b>  <div style="display: flex; justify-content: space-between;"> <div>Fever</div> <div>Throat</div> <div>Cough</div> <div>Running nose</div> <div>Shortness of breath</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Headache</div> <div>Diarrhoea</div> <div>Vomiting</div> <div>Fatigue</div> <div>Muscle/Joint pain</div> </div> <div style="text-align: center; margin-top: 10px;"> Yes <input type="checkbox"/>      No <input type="checkbox"/> </div>			
<b>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?</b>  <div style="text-align: center;"> Yes <input type="checkbox"/>      No <input type="checkbox"/> </div>			
<b>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.</b>			
<b>12). We declare all the information given by us is true and correct:</b>  <div style="margin-top: 20px;"> Signature of the Master of the ship:.....Date:...../...../..... </div> <div style="margin-top: 20px;"> Signature of the Surgeon/Doctor of the ship:.....      Date: ...../...../..... </div>			

**List of High Risk Travelers According to item 09, 10and 11 of General Health Declaration Form**

[illegible]