



Infectious Disease Declaration / Public Health Questionnaire

Vessel:		Date: (date of completion, not ETA)	
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The Gibraltar Health Authority has issued an infectious disease interim port protocol, and as a precautionary measure.

In view of the above, you are required to complete the following declaration:-

- 1) COVID screening: Within the last 13 days have you or any persons onboard experienced any COVID related symptoms such as fever, sore throat, dry cough, shortness of breath, loss of taste or smell, diarrhoea or vomiting?

No Yes

*If 'YES' please name the crew members below to confirm that they will not be disembarking in Gibraltar.

<u>Name</u>	<u>Nationality</u>	<u>Passport N°</u>

- 2) Monkey Pox screening: Within the last 21 days have you or any persons onboard experienced any of the following symptoms: Fever, headache, malaise, enlarged lymph nodes, or rash

No Yes

*If 'YES' please specify date and precautions taken to protect crew from infection?

<u>Name</u>	<u>Date</u>	<u>Precautions</u>

- 3) Have any shore based personnel boarded your vessel who may have been displaying any of the above mentioned symptoms?

<u>Name</u>	<u>Date</u>	<u>Precautions</u>

Further information may be provided on a separate sheet. Master is required to pay particular attention to the Maritime declaration of Health form which must be submitted together with this questionnaire

Signature and ship's stamp:

Print name: