



موانئ أبوظبي ABU DHABI PORTS

CHM Direction

تعليمات رئيس الإدارة البحرية

Subject: Implementation of Maritime Declaration of Health Form

الموضوع: استخدام استمارة دخول إقرار الصحة البحرية

To: All Port Users Including Ship Agents, Ship Owners, Managers and Operators

إلى: جميع مستخدمي الميناء، وكلاء السفن، ملاك ومشغلي وشركات إدارة السفن

Reference is made to Department of Transport (DoT) direction, concerning the application of health procedure for vessels coming from affected areas and/or has pandemic diseases case(s) on-board.

بالإشارة إلى القرار الصادر من دائرة النقل - أبوظبي بشأن تطبيق الإجراءات الصحية على السفن القادمة من المناطق الموبوءة أو التي تحمل على متنها حالات مصابة بأمراض معدية.

In fulfilment of the above, and as per the IHR guidelines, the following categories of vessels should complete and submit the attached Maritime Declaration of Health formula, at least 72 hours prior arrival:

تبعاً لما ورد أعلاه، ووفقاً لتوجيهات اللوائح الصحية الدولية، يجب على السفن ذات الفئات التالية تعبئة "إستمارة دخول إقرار الصحة البحرية" وتقديمها قبل 72 ساعة على الأقل من موعد وصول السفينة:

- Vessel which have been in any infected area within 60 days prior to arrival in Abu Dhabi Ports.
- Vessel which report the occurrence of illness/infections nature disease on board.
- Vessel with death on board.
- Vessel with high mortality among rodents.

- السفن التي كان على متنها حالة مصابة بمرض معدي خلال فترة آخر 60 يوماً من موعد الوصول إلى موانئ أبوظبي.
- السفن التي أبلغت عن حادثة إصابة بمرض معدي على متن السفينة.
- السفن التي تحمل جثث على متنها.
- السفن التي ترتفع فيها حالات الوفيات بسبب القوارض.

It is mandatory that all above Vessels categories regardless of their Flag, size and type calling Abu Dhabi Ports shall comply accordingly.

Effective 01/09/2018, the above-mentioned form will be posted, available and it can be downloaded in AD Ports Website.

You are kindly requested to distribute this circular further to all concerned as well as to inform your vessel's masters regarding process implementation so to avoid any operational delay.

For any inquiry related to this circular, please direct your email to Abu Dhabi Ports Harbour Master Office HM.Office@adports.ae

هذا القرار ينطبق على جميع فئات السفن المشار إليها أعلاه –
الزائرة لإحدى الموانئ التابعة لموانئ أبوظبي – بغض النظر عن
علمها وحجمها ونوعها.

وتتوفر "إستمارة دخول إقرار الصحة البحرية" اعتباراً من
تاريخ 2018/09/01 في الموقع الرسمي لموانئ أبوظبي.

يرجى التكرم بتوزيع هذا التعميم على جميع المعنيين، وكذلك
إبلاغ قباطنة السفن فيما يتعلق بتنفيذه لتجنب أي تأخير في
إجراءات دخول السفن للميناء.

يرجى إرسال استفساراتكم بما يتعلق بهذا التعميم على البريد
الإلكتروني التالي لمكتب الإدارة البحرية التابع لموانئ أبوظبي
HM.Office@adports.ae

الكابتن/ عمار مبارك الشيبه

Capt. Ammar Mubarak Al Shaiba

رئيس الإدارة البحرية بالإنابة – الموانئ

Acting Chief Harbour Master – Ports

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 vesselRegistration/IMO No.....

Arriving from.....Sailing to..... (Nationality)(Flag of vessel).....

Master's name.....Gross tonnage (ship).....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:

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.....

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 diarrhea; 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.

SignedMaster.....Ship Stamp.....

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

ATTACHMENT TO MARITIME DECLARATION OF HEALTH

[illegible]

* 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.