

Health Status Report of the Vessel (within 12 -24 hours of Berth or OPL operations)

Quarantine Unit Ministry of Health, Sri Lanka

To be filled and signed by the Master of the Vessel (Need the signature of the Surgeon/Medical officer of the vessel if there is any). Please fill the form truly and completely in English BLOCK CAPITALS

01). Name of the Vessel:		02). Name of the Master:					
03). IMO No.:	04). Last port of	call:	05). Date of departure:				
06). Ports of call during last 14 days :		07). Number	07). Number of crew:				
			08.) Number of passengers:				
09). Is there any crew member/passenger signed on to the vessel who had visited a country Listed* within 14							
days?							
Yes	No						
10). Is there any crew member or a passenger having following symptoms ?							
Fever Throat	Cough	Running no	se Shortness of breath				
Headache Diarrhoea	Vomiting	Fatigue	Muscle/Joint pain				
Yes	No						
11). Is there any traveler who had a close contact with a person having flu (with above symptoms) and coming							
from a country Listed* within 14	days?						
Yes	No						
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.							
*Updated List of countries available at							

https://drive.google.com/file/d/1kvE1heylPbUzKigLiS7qU1RdIQnNuVmS/view?usp=sharing

12). We declare all the information given by us is true and correct		
Signature of the Master of the ship:		
Signature of the Surgeon/Doctor of the ship:	Date://	Sime:

List of High Risk Travelers According to item 09, 10and 11 of above form

Name of the traveler	Passport No.	Response for	Response for	Response for Question No. 11
No.		Question No. 09	Question No. 10	
		Yes /No	Yes /No	Yes /No
	Name of the traveler	Name of the traveler Passport No. Image: Second	Question No. 09	Question No. 09 Question No. 10