



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 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 <input type="checkbox"/> No <input type="checkbox"/>				
10). Is there any crew member or a passenger having following symptoms ? Fever Throat Cough Running nose Shortness of breath Headache Diarrhoea Vomiting Fatigue Muscle/Joint pain Yes <input type="checkbox"/> No <input type="checkbox"/>				
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 <input type="checkbox"/> No <input type="checkbox"/>				
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>

