



NOTICE TO ALL SHIP SERVICE PROVIDERS

13th October 2020

COVID 19 Precautionary Measures

Due to the prevailing situation in the country, we request all the service providers of ships, barges, tugs, etc. (ship chandelling, garbage removal, ship repairing, surveying) to submit the Health Declaration form prior to arrival at the port.

Please make arrangements to declare the health status of each individual who is arriving at the port to the QHSE department 24 hrs. in advance. You may contact the QHSE department on below contact details on health declaration submission or if you need any clarifications.

Name	Email	Contact Number
Rohan Sanjeewa	rohan.sanjeewa@hips.lk	076 40 77 801
Suresh Kodithuwakku	suresh.kodithuwakku@hips.lk	076 40 77 823

In addition, no person from any location under curfew/lockdown will be permitted to enter the Port.

Please ensure the above precautions are followed in order to avoid any delays caused to your provision of services.

Highly appreciate your cooperation on this regards.

Thanking you,
The Management
Hambantota International Port Group (Private) Limited.



Health Declaration Form – COVID 19

Part A - Company Information

(1) Company Name:

(2) BR number:

(3) Official Address:

(4) Contact Number/s:

Part B - Personal Information

(1) Full Name:

(2) NIC/Passport/Driving license number:

(3) Personal Address:

(4) Contact Number:

Part C - Health Information

(1) How much is your body temperature?

(2) Do you have following Symptoms?

Cough Running Nose Sore throat

(3) Have you experience fatigue over last three days?

Yes No

(4) Do you have any difficulties in breathing?

Yes No

Part D - Travel History

(1) Travel inbound (travel within the country)

Have you travelled any of following areas in last 14 days?

Puttalam District Colombo District Kandy District

Gampaha District Kaluthara District

(2) Travel outbound (travel overseas)

List the countries which you have travelled in last 14 days

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Part E – Other Information

(1) Have you had contact with any confirmed suspect with Covid 19?

Yes No

(2) Have you had any recent contact with any persons who are involved with handling or treating COVID19 suspects/patients? If yes, please provide details

Yes No

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(3) Number of dates working at HIP, HMC office

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