



**International Border Health
Health Protection Agency
Ministry of Health, Republic of Maldives**

HDF
HDF-IBHSM-2020-V02

HEALTH DECLARATION FORM

1	Name of Crew/Pax:		9	Nationality:	
2	Date of Birth		10	Sex:	Male <input type="checkbox"/> M <input type="checkbox"/> Female <input type="checkbox"/> F
3	Passport Number:		11	Contact Number:	
4	Address in Maldives:		12	Place of Residency:	
5	Length of Stay:		13	E-mail Address:	
6	Name of Vessel:		14	Cabin No:	
7	Date of Arrival:		15	IMO/Registration No:	
8	Last Port		16	Date of Departure	

Reason to Submit Declaration (Please Tick Appropriate Box):								
17	Holiday/Cruise	<input type="checkbox"/>	Crew Change	<input type="checkbox"/>	Medical Evacuation	<input type="checkbox"/>	Vessel Clearance	<input type="checkbox"/>
	Transit	<input type="checkbox"/>	Official	<input type="checkbox"/>	Discharge/Load Cargo	<input type="checkbox"/>	Others	<input type="checkbox"/>

Did you have any of the following symptoms within the last 14 days:								
18	Fever	<input type="checkbox"/>	Cough	<input type="checkbox"/>	Runny Nose	<input type="checkbox"/>	Breathing Difficulty	<input type="checkbox"/>
	Sore Throat	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>
	Any other Symptoms	<input type="checkbox"/>	Specify;.....	<input type="checkbox"/>	None of the Above	<input type="checkbox"/>	Body Temperature:	<input type="checkbox"/>

In the Last 14 days, Have you:						YES	NO	
19	Had physical contact with COVID-19 diagnosed/suspected case or person with above symptoms						<input type="checkbox"/>	<input type="checkbox"/>
	Undergone any investigation related to COVID-19 (Eg: PCR Testing)						<input type="checkbox"/>	<input type="checkbox"/>
	Travel to or residence in a country reporting local transmission of COVID-19						<input type="checkbox"/>	<input type="checkbox"/>
	Have you taken Paracetamol or any other pain killer within last 1-2 days						<input type="checkbox"/>	<input type="checkbox"/>

Countries/Cities you have visited (ashore) or visited before signing on during last 14 days:							
20	Country/City			Arrival Date		Departure Date	

Deliberately providing false information is a legal offense under the Public Health Act No: 07/2012 and violators will be prosecuted or a fine will be imposed.

21	I hereby declare that the information given above is true to the best of my knowledge.	Sign: _____
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