

Health Declaration B

TO BE COMPLETED ON ENTRY TO CUMBERLAND BAY



VESSEL PARTICULARS

Name of vessel _____
Name of Master _____
Name of doctor (if onboard) _____
Name of permit/license holder _____
Total number of persons onboard _____
Date of entry to the SGSSI MZ _____
Port of embarkation _____
Date of last person to board vessel* _____

* Includes visitors and officials coming onboard (at sea or in port), and embarkation of crew/observers.

CURRENT COVID-19 STATUS

In order to certify this declaration has been completed fully you are required to gather information directly from each person on board about their current health status.

Q1. Are there any persons on board who have been unable or unwilling to provide information on their health status?

Yes No

Q2. Is there now, or has there been in the last 14 days, anyone on board who you know to have COVID-19, or any of the following known core COVID-19 symptoms¹:

- **fever** (feeling hot to the touch on chest or back or confirmed temperature above 38°C)
- **new, continuous cough** (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)
- **loss or change in sense of smell or taste**

Yes No

If YES, please answer Q3, if NO please move to declaration

Q3. Can you certify that ALL persons who are displaying the COVID-19 symptoms listed in Q2 have been assessed by a registered medical professional who has determined and recorded that their symptoms are not COVID related?

Yes

No

If yes, please provide details of registered medical professional, number of passengers affected any diagnostic tests undertaken and rationale for alternative diagnosis. If you have specific diagnostic tests for COVID-19 available, please state if these were used.

NOTE: to protect confidentiality, personal details should NOT be provided

If the ship has a Doctor, the following declaration should be signed by them.

DECLARATION

By submitting this form, I the **Ship's Doctor/ Captain** (delete as appropriate) declare that to the best of my knowledge, the information contained herein is accurate. I understand that submission of false information will result in permission for the vessel to visit the Territory being revoked and may jeopardise permitting of future visits of the vessel and operator.

Signed_____ Date_____

Please now send the completed questions to go@gov.gs and admin@gov.gs. A Government Officer will be in touch with you shortly.

THANK YOU

1. NHS (2021) 'Coronavirus symptoms'. Available from <https://www.nhs.uk/conditions/coronavirus-covid-19/check-if-you-have-coronavirus-symptoms/>