Health Declaration
TO BE COMPLETED ON ENTRY TO SGSSI MZ

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?
   Yes ☐ No ☐

CONTACT TRACING

If any person on board tests positive, or is suspected of having COVID-19 in the 14 days after embarkation (even if this is after your visit to South Georgia) you will report this to the GSGSSI.

Agree ☐ Disagree ☐
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](mailto:go@gov.gs) and [admin@gov.gs](mailto:admin@gov.gs). A Government Officer will be in touch with you shortly.

THANK YOU