

Health Declaration C

TO BE COMPLETED 14 DAYS AFTER EMBARKATION

IF PERSONS ON BOARD WERE POSITIVE OR SUSPECTED POSITIVE OF COVID-19



VESSEL PARTICULARS

Name of Vessel _____
Name of Master _____
Name of Doctor (if onboard) _____
Name of Permit Holder _____
Date of departure from SGSSI MZ _____
Date of Embarkation _____
Port of Embarkation _____

ONGOING COVID-19 MONITORING

Q1. In the 14 days following embarkation, did any person on board test positive, or were suspected of being positive of COVID-19?

Yes

No

If YES, please provide details.

DECLARATION

By submitting this form, I 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