

Health Declaration A

TO BE COMPLETED ON ENTRY TO SGSSI MZ



VESSEL PARTICULARS

Name of Vessel

Name of Master

Name of Doctor (if onboard)

Name of Permit Holder

Total Number of Persons Onboard

Date of Entry to the SGSSI MZ

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 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 and admin@gov.gs. A Government Officer will be in touch with you shortly.

THANK YOU

1. NHS (2020) 'Coronavirus symptoms'. Available from
<<https://www.nhs.uk/conditions/coronavirus-covid-19/check-if-you-have-coronavirus-symptoms/>>