

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

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