



NOTIS PERKAPALAN BIL: 04/2012
SHIPPING NOTICE: 04/2012

Jabatan Laut
Marine Department

Address; Serasa, Muara BT1728, Negara Brunei Darussalam
Tel: 673-2771347 to 2771352 and Fax: 673-2771357 / 2770782

Untuk Perhatian: Pemilik, Syarikat Pengurusan, Nakhoda dan Ejen-Ejen Perkapalan
For the attention of: Shipowner, Ship Management, Shipmaster and Shipping Agents

PENGGUNAAN BORANG ‘ MARITIME DECLARATION OF HEALTH’
USAGE OF ‘MARITIME DECLARATION OF HEALTH’ FORM

Adalah dimaklumkan kepada semua Pemilik, Syarikat Pengurusan, Nakhoda dan Ejen-Ejen Perkapalan mengenai dengan perkara diatas.

Merujuk memorandum Kementerian Kesihatan Bil: DH(EVH)/73/04/EVP bertarikh 30hb Jun 2012, adalah di maklumkan bahawa mana-mana Kapal Laut yang masuk ke Negara Brunei Darussalam hendaklah melengkapkan borang tersebut di atas. Oleh yang demikian, borang “MOH Copy” yang digunakan buat masa ini tidak akan digunakan lagi.

Untuk makluman juga, mana-mana Kapal Laut yang merapat di Negara Brunei Darussalam juga di kehendaki untuk mempunyai “Ship Sanitation Control Exemption Certificate (SSCEC)” ataupun “Ship Sanitation Control Certificate (SSCC)” yang sah.

Tarikh penggunaan Borang ‘Maritime Declaration of Health’ ini adalah mulai 01hb Julai 2012 dan borang-borang boleh di dapati di Pejabat Kesihatan Pelabuhan Muara and Feri Terminal Serasa.

This is to inform all Shipowner, Ship Management, Shipmaster and Shipping Agents regarding the above mentioned matter.

With reference to the memorandum from Ministry of Health, DH(EVH)/73/04/EVP dated 30th June 2012, All ships entering Brunei Darussalam waters’ must complete the above mentioned form. Therefore, the “MOH Copy” forms that are being used now is repealed.

For your information, any Ships berthing in Brunei Darussalam must have a valid, either “Ship Sanitation Control Exemption Certificate (SSCEC)” or “Ship Sanitation Control Certificate (SSCC)”.

The ‘Maritime Declaration of Health’ form are to be used starting 01st July 2012 and can be obtained from Muara Port Health Department and Serasa Ferry Terminal.

[**BASZA ALEXZANDAR BIN HAJI BASRI**]

b.p. Pengarah Laut
for. Director of Marine

Ruj / Ref : 41 / JL / OL / 23.1
Tarikh / Date : 05 Julai 2012 / 05th July 2012
s.k / c.c : Master File
File

hms '12

MARITIME DECLARATION OF HEALTH

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports.

Submitted at the port of _____	Date _____
Name of ship or inland navigation vessel _____	Registration/IMO No _____
Arriving from _____	Sailing to _____ (Next Port)
(Nationality)(Flag of vessel) _____	Master's Name _____
Gross tonnage (ship) _____	Tonnage (inland navigation vessel) _____
Valid Sanitation Control Exemption/Control Certificate carried on board? (Please circle)	Yes No
Issued at _____	Date _____
Re-inspection required? (Please circle)	Yes No
Has ship/vessel visited an affected area identified by the World Health Organization? (Please circle)	Yes No
Port and date of visit _____	
Number of crew members on board _____	Number of passengers on board _____

Health questions (Please circle)

- | | | |
|---|-----|----|
| 1. Has any person died on board during the voyage otherwise than as a result of accident? If yes, state particulars in attached schedule. Total no. of deaths _____ | Yes | No |
| 2. Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature? If yes, state particulars in attached schedule. | Yes | No |
| 3. Has the total number of ill passengers during the voyage been greater than normal/expected? How many ill persons? _____ | Yes | No |
| 4. Is there any ill person on board now? If yes, state particulars in attached schedule. | Yes | No |
| 5. Was a medical practitioner consulted? If yes, state particulars of medical treatment or advice provided in attached schedule. | Yes | No |
| 6. Are you aware of any condition on board which may lead to infection or spread of disease? If yes, state particulars in attached schedule. | Yes | No |
| 7. Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? If yes, specify type, place and date _____ | Yes | No |
| 8. Have any stowaways been found on board? If yes, where did they join the ship (if known)? | Yes | No |
| 9. Is there a sick animal or pet on board? | Yes | No |

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):

(1) Name _____ joined from: (1) _____ (2) _____ (3) _____

(2) Name _____ joined from: (1) _____ (2) _____ (3) _____

(3) Name _____ joined from: (1) _____ (2) _____ (3) _____

Note: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:

- (a) fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.
- (b) with or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhoea; or (iv) recurrent convulsions.

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief.

Signed _____
Master

Countersigned _____
Ship's Surgeon (if carried)

Date _____

Attachment of Maritime Declaration of Health

Name	Class or rating	Age	Sex	Nationality	Port, date joined ship/vessel	Nature of illness	Date of onset of symptoms	Reported to a port medical officer?	Disposal of case ¹	Drugs, medicines or other treatment given to patient	Comments

¹ State: (1) whether the person recovered, is still ill or died; and (2) whether the person is still on board, was evacuated (including the name of the port or airport), or was buried at sea.