HDF
PHS: F. 02
V-3

FOR SEAPORTS

Health Declaration Form
Quarantine Unit
Ministry of Health /Sri Lanka

Please fill the form truly and completely in English, please mark '√' on relevant cage
(To be filled by parent/guardian for the children below 15 years)

1) Name with Initials *(In Block Capitals)*: ………………………………………………………………………………………………………			**2) Sex :** Male ☐ Female ☐ **3) Nationality:**………..……………………..	
4) Date of birth: ……./……/……… (dd/mm/yyyy)	**5) Pass port No:**		**6) Arrival Sea Port in Sri Lanka :** CMB☐ GALLE ☐ HAM ☐ TRIN☐	
7) Name of the ship		**8) IMO No:**		**9) Cabin No:**
10) Last Port of call:	**11) Date of Departure:** ……./………/……. (dd/mm/yyyy)		**12) Ports of call within last 14 days :** ………………..……………………………….…	

13) Reason to submit declaration:
Signing off ☐ **Medical disembarkation** ☐ **Obtain vessel clearance** ☐ **Other** ☐ **………………….**

14) Permanent address: ………….……………………...……….………..……………….…….……………………………………………………………………………………………………..

15) Contact Details: Telephone (Mobile):………,…………………. (Land line) ………………..…….............….
Email………….………………………….…..……

16) Have you undergone any investigation related to COVID 19 (e.g. RT PCR)**:-**
Yes ☐ **No** ☐
(If yes Please attach details)

17) Countries you have visited (ashore) or visited before signing on during last 14 days:
………

18) If you were having any of following symptoms within last 7 days, please mark '√' on relevant cage:

Fever	☐	Sore throat	☐	Cough	☐	Running nose	☐	Shortness of breath	☐
Headache	☐	Diarrhoea	☐	Vomiting	☐	Fatigue	☐	Muscle/Joint pain	☐

Any other symptoms: ☐ ………………………….. None of the above ☐ **Body temperature** ……..…………

19) Have you taken Paracetamol or any other pain killer within the last 1-2 days (specify if yes):
……

20) Have you had physical contact with Covid-19 diagnosed/Suspected person or a person with above symptoms within last 14 days : Yes ☐ (Please specify)……………………………………….No ☐

21) I declare all the information given by me is true and correct:

Signature:……………………………………………................ **Date:**……/……/…….. (dd/mm/yyyy)

For office Use only
Temperature of the traveller………………..**ºC/ ºF**
Name of the Safehouse/ Isolation centre/Hospital……………………………………………………………
Name of the Health Officer …………………………………..……………..………………….

Signature of the Health Officer …………………………..…………………