

HSR

PHS: F. 01

V-7



Health Status Report of the Vessel
(within 12 -24 hours of Berth or OPL operations)
Quarantine Unit
Ministry of Health, Sri Lanka

To be filled and signed by the Master of the Vessel (Need the signature of the Surgeon/Medical officer of the vessel if there is any). Please fill the form truly and completely in English **BLOCK CAPITALS**

01). Name of the vessel:		02). Name of the Master:	
03). IMO No.:	04). Last port of call:	05). Date of departure:	
06). Ports of call during last 14 days :		07). Number of crew:	
		08.) Number of passengers:	
09). Is there any crew member/passenger who had embarked the vessel, within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>			
10). Is there any crew member/passenger who had visited ashore of any country, within last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>			
11). Is there any crew member or a passenger having follwing symptoms ? (please mark '√' on relevant cage)			
Fever <input type="checkbox"/>	Sore throat <input type="checkbox"/>	Cough <input type="checkbox"/>	Shortness of breath <input type="checkbox"/> Running nose <input type="checkbox"/>
Headache <input type="checkbox"/>	Diarrhoea <input type="checkbox"/>	Vomiting <input type="checkbox"/>	Fatigue <input type="checkbox"/> Muscle/Joint pain <input type="checkbox"/>
12). Is there any traveler who had a close contact with a person having above symptoms within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If the response for any of the questions numbers 09, 10 ,11 and 12 is 'Yes' a list of such travelers should be provided according to the format attached herewith. Further, all such travelers should fill the Health Declaration Form (HDF) individually.			
13). I declare all the information given by me is true and correct:			
Signature of the Master/ Surgeon/Doctor of the ship:.....			
Date: ... /... /.....			
Time.... /.... Hours			
Official stamp			

