

REPUBLIC OF THE MARSHALL ISLANDS



Medical Care Aboard Ship and Ashore

Medicine Chest Requirements, Recordkeeping,
Responsibilities, and Training for Medical Care

MARITIME ADMINISTRATOR

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REPUBLIC OF
THE MARSHALL ISLANDS
MARITIME ADMINISTRATOR

Marine Notice

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TO: ALL SHIPOWNERS, OPERATORS, MASTERS AND OFFICERS OF MERCHANT SHIPS, AND RECOGNIZED ORGANIZATIONS

SUBJECT: Medical Care Aboard Ship and Ashore
Medicine Chest Requirements, Recordkeeping, Responsibilities,
and Training for Medical Care

- References:**
- (a) [MLC, 2006](#), *Maritime Labour Convention, 2006*, as amended
 - (b) [IHR, 2005](#), *International Health Regulations, 2005*, as amended
 - (c) [IMO Circular MSC/Circ.1042](#), *List of contents of the "Emergency Medical Kit/Bag" consideration for its use on Ro-Ro Passenger Ships not normally carrying a medical doctor*, issued 28 May 2002, as supplemented by IMO Circular [MSC/Circ.1172](#), *Identification of Passenger ships, other than Ro-RO Passenger Ships, which should benefit from being equipped with the emergency medical kit/bag*, issued 25 May 2005
 - (d) [IMDG Code Supplement](#), *Medical First Aid Guide for Use in Accidents Involving Dangerous Goods (MFAG), 2014 Edition*
 - (e) [World Health Organization](#), *International Medical Guide for Ships (IMGS), 3rd Edition 2008*
 - (f) [World Health Organization](#), *Quantification Addendum, International Medical Guide for Ships, 3rd Edition 2010*
 - (g) [International Maritime Health 60 1-2, 2009](#), *Guidance to the International Medical Guide for Ships 3rd edition: Interim advice regarding the best use of the medical chest for ocean-going merchant vessels without a doctor onboard*
 - (h) [RMI Maritime Regulations \(MI-108\)](#), §7.42

PURPOSE

The Maritime Labour Convention, 2006, (MLC, 2006) establishes standards for medical care on board ship and ashore. These standards are reflected in the Republic of the Marshall Islands (RMI) Maritime Regulations (MI-108), §7.42.

This Marine Notice adopts, as guidance, the *Quantification Addendum: International Medical Guide for Ships, 3rd Edition*, published by the World Health Organization (WHO) and specifically addresses:

- **Ship's Medicine Chest:** the kinds and amounts of medicines, medical supplies and equipment that should be considered for a ship's medicine chest, and requirements for their re-supply, replacement, and disposal;
- **Recordkeeping:** requirements for inventorying and recording medicines, including controlled drugs;
- **Seafarer Injury and Illness Medical Record:** introduction of the form to facilitate the exchange of medical information between ship and shore;
- **Ship Master's Report Form:** to record each medical case managed on board; and
- **Responsibilities/Training:** owner/operator, Master and others with responsibilities for medical care.

This Notice supersedes version Jan/2018. Section 5.3 has been amended to correct an inaccuracy.

APPLICABILITY

This Notice applies to all vessels registered in the RMI.

REQUIREMENTS

1.0 Vessel's Medicine Chest

1.1 Requirement for Carriage

All vessels must carry a medicine chest containing:

- 1.1.1 medical supplies and equipment (See § 1.3, below, and Appendix 1); and
- 1.1.2 the latest edition of applicable publications, forms and charts (See Appendix 2).

1.2 Content of Medicine Chest

- 1.2.1 Except for ships carrying dangerous goods, the content of a ship's medicine chest is not mandated through any statutory requirement to which the Administrator is a party.
- 1.2.2 However, guidance on the medicines and medical supplies that should be maintained on board is provided in the International Medical Guide for Ships and its Quantification Addendum published by the World Health Organization (WHO). This guidance, which is reproduced in Appendix 1, below, is well-accepted by the international maritime community and is recommended by MLC Guideline B4.1.1.4 for consideration when determining the contents of the medicine chest and medical equipment.

1.3 Carriage Requirements for Medicines and Medical Supplies

1.3.1 All Vessels

All vessels must stock their medicine chests so that the inventory (types, dosage and quantities of medicines, medical supplies and equipment) is appropriate to the particular vessel's route, operation and number of persons on board.

All vessels greater than 500 gross tons must, in addition to any other requirement, provide commercially available first aid kits for their engine room and galley.

1.3.2 Vessels with a Doctor on Board

Vessels, including passenger ships, carrying 100 or more persons and ordinarily engaged on international voyages of more than three days' duration are required to carry a qualified medical doctor responsible for providing medical care. For mobile offshore drilling units and mobile offshore units (as defined in [MI-293](#)), the requirement for a doctor on board may be met with a qualified medic or nurse where the unit is within helicopter range to shore medical services and facilities. The exact inventory of medicines, medical equipment and supplies should be determined by the ship owner or operator in consultation with a qualified medical practitioner, such as the ship's doctor or pharmacist.

1.3.3 Vessels without a Doctor on Board

The Administrator requires its vessels **without a doctor on board**, as outlined in the RMI Ship-Specific Medicine Chest Inventory Guidelines in Table 1, below, to utilize the tables contained in Appendix 1 as guidance in establishing the contents of their medicine chest. The types, amounts and quantities indicated by these tables are expected to vary based on the **vessel route, operation and the number of persons on board**. If there is any question about the appropriate types or quantities of medicines or supplies to be carried, the Administrator highly recommends the contents of the medicine chest be established by the ship owner or operator in consultation with a qualified medical practitioner or pharmacist.

Table 1

**RMI Ship-Specific Medicine Chest Inventory Guidelines for Vessels
Without a Doctor On Board**

Vessel	WHO Category
Oceangoing ships	Category A
Coastal, Great Lakes or nearby foreign ports with voyages not more than 24 hours from port of call	Category B
Fishing vessels <ul style="list-style-type: none">• on extended voyages more than seven (7) days• on voyages of seven (7) days or less and in close proximity to a port of call	Category B Category C
Yachts <ul style="list-style-type: none">• on voyages more than 60 miles from safe harbor• on voyages 60 miles or less from safe harbor	Category B Category C
Ro-Ro Passenger Ships not normally carrying a medical doctor	Category B and Emergency Medical Kit per MSC/Circ.1042 , as supplemented by MSC/Circ.1172
Mobile and immobile floating production, storage and offloading units (FPSOs) and floating storage units (FSUs)	Seek advice of qualified medical practitioner or pharmacist to establish inventory

1.4 Medicines for Ship's Carrying Dangerous Cargoes

1.4.1 Ships, including ferries, carrying dangerous cargoes or their residues, must, in addition, comply with the International Maritime Dangerous Goods (IMDG) Code and the guidance in the latest edition of *Medical First Aid Guide for Use in Accidents Involving Dangerous Goods* (MFAG). Medicines and equipment already available in the IMGS list may be counted toward the MFAG numerical requirement, if appropriate. They should be stored and registered together with the regular medicines and medical supplies carried on board.

1.4.2 Where a cargo which is classified as dangerous has not been included in the most recent edition of MFAG, the necessary information on the nature of the substances, the risks involved, the necessary personal protective devices, the relevant medical procedures and specific antidotes should be made available to the seafarers via the ship's occupational safety and health policies.

1.4.3 For a listing of medicines and supplies, refer to MFAG, which is required to be maintained on board and can be found in the IMDG Code Supplement. This Supplement may be purchased from the International Maritime Organization (IMO) at: <http://www.imo.org/Publications/Pages/Home.aspx>.

1.5 Medicines for Passenger Ships

1.5.1 There is a high risk of a medical emergency occurring aboard any passenger ship even for those cruising just for a few hours. To facilitate care of passengers on these types of ships that do not normally carry a medical doctor, particularly ro-ro passenger ships, an Emergency Medical Kit should be carried. See [MSC/Circ.1042](#), as supplemented by [MSC/Circ.1172](#), for additional guidance.

1.5.2 The Emergency Medical Kit/Bag should be labeled:

“The medicines in this bag are to be used by a qualified medical practitioner or a registered general nurse, a qualified paramedic or ship personnel in charge of medical care on board under the direct supervision of either a medical practitioner on board the ship or under telemedical advice/prescription by a Telemedical Advice Service (TMAS).”

1.6 Equivalencies

In recognition that other administrations have established standards for ships' medicine chests, the RMI must consider these standards to comply with the Administrator's requirements, provided the inventories are effectively equivalent to or exceed the WHO (and IMO for IMDG) standards.

1.7 Controlled Drugs

1.7.1 Controlled drugs are graded according to the harmfulness attributed it when misused. There are three drug categories:

- .1 Class A includes heroin, morphine, and opium;
- .2 Class B includes barbiturates and codeine; and
- .3 Class C includes, among other drugs, anabolic steroids.

1.7.2 A ship must not carry excess quantities of Class A or Class C drugs unless authorized by the Administrator. Morphine Sulphate is the only Class A drug authorized to be carried aboard RMI flagged ships.

1.7.3 Some countries do not allow the sale of controlled drugs to ships not registered in that country; therefore, shipmanagers are encouraged to become familiar with the controlled drug distribution laws in the countries where their ships are trading and to communicate directly with the cognizant authorities to learn of the options available for the procurement and delivery of controlled drugs to ships operating in these areas.

1.7.4 Controlled drugs must be kept in the Master's safe or behind a double-lock system.

1.8 Medicine Supply, Labeling, Re-supply, Replacement, and Storage

- 1.8.1 All medicines are to be supplied in standard small packages¹, and to the extent possible, in single dose portions. The prescribed active ingredients and strengths must be observed or an Anatomical Therapeutic Chemical equivalent provided if the prescribed active ingredient is not available.
- 1.8.2 Medical instructions and, if necessary, the medicine labeling² is to be in English and a language understood by the crew, if not English.
- 1.8.3 Sufficient reference material or product use and identification cards related to the medicines carried are to be available on board the vessel.
- 1.8.4 Medicines and medical equipment must be re-supplied as necessary.
- 1.8.5 Medicines with expiration dates are to be replaced as soon as possible after the expiration date, and in any case within three (3) months of expiry. Once replaced, expired medicines should be removed from the vessel and disposed of in accordance with § 1.9, below. It should be noted that some countries impose fines on ships entering their territory with expired medicinal items on board.
- 1.8.6 All medicines must be stored in accordance with the manufacturer's recommendation.
- 1.8.7 All medicines and medical devices must be stored under lock and key, except for first aid kits per § 1.3.1, above.

1.9 Disposal of Medicines and Medical Supplies

Medicines and medical supplies are to be disposed of properly in accordance with all applicable local and national laws and regulations of the State in which disposal is occurring and any applicable international requirements.

1.9.1 Disposal of Non-Controlled Medications and Medical Supplies

- .1 Expired medicines and medical supplies should be:
 - a. returned to the supplier where possible; or
 - b. sent to an approved shoreside contractor for disposal.

¹ Given that ships obtain medicines from different countries, it is not possible to recommend exact pack sizes. In most instances, the closest pack size should be stocked. It is recommended, to the extent possible, that medicines stocked are in aluminum blister retail packages as they provide better protection from the harsh storage conditions on board a vessel, normally come with batch/lot numbers printed on the label, and can be checked by the competent authority of the country in which the supplying pharmacy is based to ensure that they are not substandard or counterfeit.

² It is recommended that labels include the following information: 1) generic name; 2) indications; 3) contraindications/warnings; 4) route of administration and dosage; 5) batch/lot number; 6) expiration date; and 7) contact details of the supplying pharmacy. 8) Special instructions for storage, if any 9) Special marking stating that it is a controlled substance, if applicable.

- .2 If disposal under 1.9.1.1 is not possible, expired medicines and medical supplies may be incinerated at sea where a vessel has in place a written waste disposal policy and program that includes incineration at appropriate temperatures by exclusively authorized personnel. Records of such incinerated medicines and medical supplies must be kept as part of the medical inventory.
- .3 It should be noted that there are licensed pharmaceutical distribution centers that handle the supply and disposal of prescription and non-prescription medications for marine vessels on a global basis. The Administrator recommends use of these companies for a vessel that regularly encounters problems with locating shoreside facilities able to accept such wastes.

1.9.2 Disposal of Controlled Drugs

- .1 There are various methods for disposing of controlled drugs lawfully. They include:
 - a. giving them to a person who may lawfully supply them, such as a qualified doctor or pharmacist;
 - b. incineration;
 - c. waste encapsulation; and
 - d. inertization.³
- .2 Whatever method of disposing of a controlled drug is utilized by an RMI flagged vessel, the following conditions must be met:
 - a. The method utilized must be properly implemented;
 - b. The entire process from unpacking throughout the final destruction of the controlled drug must be witnessed by at least two persons and documented in the Controlled Drugs Register (see § 3.5, below).

1.10 Carriage of Defibrillators

- 1.10.1 There is no statutory requirement under international or national legislation for ships to carry defibrillators. It is a matter for individual operators to decide whether to include a defibrillator with the medical stores or doctor's bag.
- 1.10.2 If a defibrillator is carried, the Administrator recommends that procedures be in place to ensure regular maintenance of the equipment (in accordance with manufacturer's instructions), and adequate training for the first aid providers,

³ For additional information on the disposal of medical wastes, see WHO Guidelines for the Storage of Essential Medicines and other Health Commodities, 2003.

including regular refresher training (at least every five (5) years.). Training should also particularly cover care of the patient after defibrillation, bearing in mind that immediate hospitalization may not be possible.

2.0 Inspection and Certification Requirements

- 2.1 MLC Standard A4.1.4(a) requires regular inspection by the competent authority of the ship's medicine chest which is to be conducted at regular intervals not exceeding 12 months. In this regard, shipowners may rely upon the inspection and certification of medicine chests by a pharmacist/pharmacy providing this service that has been approved by the competent authority in which it is located.⁴
- 2.2 Inspection and certification of the medicine chest can be carried out on board or remotely. Where physical attendance on board is not feasible, the Master is to:
 - 2.2.1 Ensure that the medicines have not expired and they and their supplies packaging are not damaged;
 - 2.2.2 Ensure that the medical equipment is usable and free from damage.
 - 2.2.3 Provide to the entity conducting the inspection the updated medicine list required in paragraph 3.1, below.
 - 2.2.4 Provide information to the entity conducting the inspection whether the ship falls into WHO Category A, B, or C based on ship type and distance from shore (see section 1.3.3, Table 1, above) and whether the medicine chest is stocked in accordance with the recommendations contained in Appendix 1 of this Notice or with other guidance. In either case, the recommendations/guidance on which the medicine chest is based is to be identified and forwarded to the entity conducting the inspection.
 - 2.2.5 Confirm with the entity conducting the inspection the number of persons allowed on board by the safety equipment certificate.
 - 2.2.6 Inform the entity conducting the inspection of whether the vessel carries dangerous good/chemicals.
- 2.3 The Master is to instruct the entity conducting the inspection to review the information provided in 2.2, above. If the review shows the medicine chest is stocked so that the inventory is appropriate to the particular vessel's route, operation and number of persons on board, then documentation certifying that this is the case is to be obtained from the entity conducting the inspection. Such documentation must include a statement that all required contents of the medicine chest are present and will not expire during the period covered by the issued documentation. The documentation (which may or may not take the form of a certificate) is to also include, to the extent possible:

⁴ Although not required, it is highly recommended that the pharmacist/pharmacy utilized is a specialized marine pharmacist or pharmacy.

- .1 IMO Number;
- .2 Name of Vessel;
- .3 Registry of Vessel;
- .4 Unique document/certificate serial number/ID code; and
- .5 Dates of issuance and expiry.

The documentation or certificate must be signed and stamped by the entity conducting the inspection whose full name and title must appear on the documentation/certificate.

- 2.4 Should the results of the review show that the medicine chest is not appropriate to the particular vessel's route, operation and number of persons on board, the Master must take corrective action. Signed and stamped documentation from the entity conducting the inspection (whose full name must appear on the documentation/certification) is to be obtained by the Master once the medicine chest is deemed appropriate by the entity conducting the inspection.
- 2.5 Flag State annual inspections are to also be used to verify that medicine chests are adequate and have been certified within the last 12 months.

3.0 Recordkeeping Requirements

3.1 Inventory of Medicines

A list of medicines and medical supplies must be maintained on board all RMI flagged vessels. The list must be regularly updated and contain for each item the expiry date, storage conditions, quantities remaining after purchase or use and disposal information. The medicine chest must be inventoried no less than once a year. All items contained in the medicine chest should have an expiration date and should be re-supplied as necessary by the expiry date.

3.2 Seafarer Injury and Illness Medical Record

- 3.2.1 The Master or designated and certified onboard "medical care provider" must complete the form *Injury and Illness Medical Record* ([MI-105MR](#)), to the extent possible, whenever treatment of a seafarer aboard a vessel needs to be rendered on shore. The purpose of this form, which is provided in Appendix 2, is to facilitate the exchange of medical and related information concerning individual seafarers between the vessel and shore in cases of illness or injury. Ship owner/operator forms that serve the same purpose and are part of an electronic recordkeeping system may be utilized in lieu of MI-105MR.

3.2.2 This form must be kept confidential and is to be used only to facilitate the treatment of seafarers. As such, it is to be:

- .1 used to transmit information in the evacuation of a seafarer;
- .2 provided to shoreside medical personnel either filled out in part or full, as applicable, or forwarded to shoreside medical personnel as a blank form to be completed and returned to the vessel upon examination of the seafarer;
- .3 provided in copy to the seafarer upon request;
- .4 kept with the seafarer's medical records while on board the vessel or ashore by the Shipowner when the seafarer leaves the ship; and
- .5 forwarded as a copy to the Office of the Maritime Administrator when a *Report of Personal Injury or Loss of Life* ([MI-109-1](#)) is filed.

3.2.3 The Seafarer Injury and Illness Medical Record must be kept by the Shipowner for a period of two years.

3.3 Ship Master's Report Form

3.3.1 Assisted by the ship's doctor or crew members assigned to basic medical duties, the ship's Master is to complete the *Ship Master's Report Form* as provided in Appendix 2 for each medical case managed on board that is the result of a seafarer being injured or ill for 72 hours or more in duration, or requires medical advice or assistance from a medical facility or practitioner ashore. This form is to be filed in the ship's medical log with the *Seafarer Injury and Illness Medical Record* ([MI-105MR](#)) attached.

3.3.2 The Ship Master's Report must be kept by the Shipowner for a period of two years.

3.4 Medical Log

Each vessel is to keep a medical log book wherein must be entered every case of illness or injury happening to any member of the crew, passenger or other persons engaged in the business of the vessel; the nature thereof; and the medical treatment.

3.5 Controlled Drugs Register

3.5.1 A register of controlled drugs must be maintained by the Master.

3.5.2 Controlled drugs must be entered in the controlled drugs register on reception by the vessel. The information logged must include the type, quantity, supplier name and date received.

3.5.3 The following must also be recorded in the Controlled Drugs Register:

- .1 the doses given, including the name of the person ordering the dose, the name of the person giving it and the name of the person receiving it;

- .2 date and time when a dose is lost or spoiled (e.g., broken ampoule, drug prepared, but not injected, etc.);
- .3 a running count of remaining stocks, updated after each use;
- .4 a count, made at least weekly, of remaining ampoules, tablets, etc. in store, to be checked against records of use and the running count; and
- .5 information on disposal, including method, drug type, amount, date, time, receipts and witness documentation, including signatures (e.g., control signature form).

3.5.4 The register of controlled drugs must be kept for a period of two years after the date of last entry.

3.6 Electronic Records

All records required under this section may be kept and managed electronically.

4.0 Responsibilities and Training

4.1 The vessel owner or operator is ultimately responsible for the content of the medicine chest on board a vessel and, therefore when putting together the medicine chest, should seek qualified medical consulting, particularly when considering travel to areas with certain medical risks (e.g., malaria).

4.2 The Master is responsible for keeping and managing medical supplies kept on board to ensure that the medications are properly dispensed and that records are kept of their disposition. This responsibility may be delegated to a properly trained and certified crew member.

4.3 The Administrator requires vessels which do not carry a medical doctor to have on board:

4.3.1 one certified seafarer “Medical Care Person in Charge” responsible for medical care and administering medicine as part of their regular duties; and

4.3.2 one certified seafarer “Medical First Aid Provider” designated to undertake the duties of providing immediate first aid in case of injury or illness aboard ship.

A single individual may serve in both capacities, provided he or she holds the two certifications.

4.4 Seafarers in charge of medical care or first aid are to report to the master on health-related conditions on board, and must present the medical logbook to the master on request.

4.4.1 Seafarers on board whom are designated to provide medical care or first aid must have training as required by the International Convention on Standards of Training, Certification and Watchkeeping, 1978, as amended, (STCW). The training should

be based on the contents of the most recent editions of the IMGS, MFAG, and the medical section of the *International Code of Signals* (published by the IMO). Such persons should undergo refresher training approximately every five years to ensure proper utilization of all medicines or medical supplies on board. Refer to Publication MI-118 for details on certification requirements.

- 4.4.2 This certification is not required of, nor will it be issued to ship's doctors or ship's nurses. It is to be the responsibility of the shipowner or operator to verify the validity of such persons' medical certification.
- 4.5 Full use of all available (24-hour per day) medical advice by radio or radiotelephone must be made by the Master or other persons designated with responsibilities for medical care or first aid. Seafarers with such responsibilities are to be instructed in the use of the vessel's medical guide and the medical section of the most recent edition of the *International Code of Signals* to enable them to understand the type of information needed by the advising doctor as well as the advice received.
- 4.6 However well-trained, crew members are not medically qualified. A doctor should always be consulted about serious illness or injury or when any doubt exists about the action to take in treating a patient.

5.0 International Health Regulations

- 5.1 On 15 June 2007, the WHO International Health Regulations (2005) ("IHR (2005)"), introduced amended certification procedures for ships. The certificates are entitled Ship Sanitation Control Exemption Certificate/Ship Sanitation Control Certificate ("Ship Sanitation Certificates" or "SSC"). The SSC replace the previous Deratting/Deratting Exemption certificates ("DC/DEC") provided by the 1969 Regulations.
- 5.2 The IHR (2005) provide a code of procedures and practices for preventing the transboundary spread of infectious disease. Article 37 of the regulations require, in general, a Master of a ship arriving from a foreign port to provide a State that is a Party⁵ to IHR (2005) with a Maritime Declaration of Health (MDH) prior to arrival in port. The MDH contains a series of health-related questions, including those addressing illness, death and sanitary measures on board, to which a Master must attest.
- 5.3 The Administrator has provided a model MDH in Appendix 2 of this Notice for use by vessels registered in the RMI that call on ports where a MDH is required.

6.0 Pest Management

- 6.1 The presence of insects, rodents, and other pests must be controlled to prevent the transmission of illness and disease to seafarers and other persons on board a vessel.

⁵ The IHR are an agreement between 196 countries, including all WHO Member States, to work together for global health security. The IHR entered into force for the RMI 15 June 2007.

6.2 In controlling pests, it is important to note that very few pesticides are suitable for use against all kinds of pests that may occur aboard or in different parts of the ship. It is therefore necessary to consider the pesticides individually and utilize them in accordance with manufacturer instructions and as recommended in the IMDG Code Supplement, *Revised Recommendations on the Safe Use of Pesticides in Ships*. In developing a pest control strategy, cruise ships and commercial yachts also may want to consider recommendations regarding pest control contained in § 8 of the United States Centers for Disease Control and Prevention, *Vessel Sanitation Program Operations Manual*.

7.0 Mosquito Protection

7.1 Ships regularly trading to mosquito-infested ports are to be fitted with appropriate devices (e.g., nets, screens) as prophylaxes against mosquitoes and carry mosquito and anti-malarial medications. The quantity and formulation (depending on area of travel) of the anti-malarial medications are to be adequate to protect all crew before, during, and after the arrival/departure of the vessel to and from the malaria endemic area. Mosquito repellent should be in a quantity of at least one per crew member.

7.2 The WHO provides *International Health Regulations and Guide to Ship Sanitation* within which are ship designer and constructor guidelines for the control of insects, more particularly for sleeping quarters, mess rooms, and dining rooms, indoor recreational areas, as well as all food spaces, where vessels are in transit in areas where flies and mosquitoes are prevalent. Control measures that may be employed by the master and crew are also provided.

7.3 See [MN-7-044-1](#), *Accommodations, Recreational Facilities, Food, Catering and Water*, which also addresses the requirement for such devices, and Table 1 of this Notice below for the types and quantities of anti-malarial medications to be carried. Notwithstanding, the quantity and formulation (depending on area of travel) of the anti-malarial medications are to be adequate to protect all crew before, during and after the arrival or departure of the vessel to and from the malaria endemic area.

**Appendix 1 – Inventory Guidelines
for Medicines and Medical Supplies for Ships Without a Doctor On Board**

Table I

Recommended Quantities of Medicines for Ships Without a Doctor On Board
(WHO Quantification Addendum to be used in conjunction with the *International Medical Guide for Ships, 3rd Edition*)

Category A: Oceangoing ships. Stock levels are based on a six months' supply.

Category B: Vessels engaged in coastal trade or going to nearby ports that travel no more than 24 hours from port of call. Stock levels are based on a six months' supply.

Category C: Fishing vessels and private craft usually traveling no more than a few hours from home port or a port of call. The assumed duration of each trip is up to three to four weeks.

Name	Form ⁶	Strength	Indication ⁷	Quantities per 10 Crew ⁸			Notes
				A	B	C	
Acetylsalicylic acid	tab	300mg	pain, fever, blood clots	50	50	-	
Aciclovir	tab	400mg	herpes simples/zoster	70+	35+	-	
Adrenaline	amp	1 mg/ml	anaphylaxis	10+	5+	5+	
Amoxicillin + clavulanic acid	tab	875mg/125mg	infections	20	10	-	
Artemether	amp	80mg/ml	malaria treatment	12+	12+	-	
Artemether + Lumefantrine	tab	20mg/120mg	Malaria treatment	24+	24+	-	double if crew size > 30
Atropine	amp	1.2mg/ml	MI/organophosphate poisoning	10+	5+	-	double quantity if carrying organophosphates
Azithromycin	tab	500mg	infections	10+	5+	-	
Ceftriaxone	amp	1g	Infections	15	5+	-	
Cetirizine	tab	10 mg	Hay fever/hives/dermatitis	30+	30+	-	
Charcoal, activated	powder		Poisoning	120g+	120g+	-	
Ciprofloxacin	tab	250mg	Infections	20+	10+	-	double if crew size >30
Cloves, oil of	liq		toothache	10ml	10ml+	-	
Dexamethasone	amp	4mg/ml	Severe asthma/anaphylaxis	3	1	-	
Diazepam	tab	5mg	alcohol withdrawal	50+	20+	-	

⁶ amp=ampoule; crm=cream; inh=inhalation; liq=liquid; lot=lotion; oint=ointment; tab=tablet

⁷ AF=atrial fibrillation; HTN=hypertension; MI=myocardial infarction

⁸ Quantities marked with a '+' are suggested quantities irrespective of crew size.

Name	Form ⁶	Strength	Indication ⁷	Quantities per 10 Crew ⁸			Notes
				A	B	C	
Docusate with senna	tab	50mg/8mg	constipation	30+	-	-	
Doxycycline	tab	100mg	infections	10	-	-	
Ethanol, hand cleanser	gel	70%	hand cleaning	500ml	500ml+	100ml+	
Ethanol	liq	70%	disinfect instruments	500ml	100ml	-	
Fluorescein	eye strips	1%	Detect corneal damage	20+	20+	-	
Frusumide	amp	40mg/4ml	Pulmonary oedema	5+	5+	-	
Glucagon	amp	1mg	hypoglycaemia	1+	1+	-	
Haloperidol	amp	5mg/ml	psychosis/severe agitation	5	5+	-	
Hydrocortisone	crm	1%	allergy/inflammatory skin	2x30g	1x30g	-	one (1) tube per patient
Ibuprofen	tab	400 mg	inflammation/pain	100	50	50+	
Isosorbide dinitrate	tab	5 mg	angina/MI	10	10	5+	
Lignocaine	amp	1%, 5ml	suturing/minor surgery	5	5	-	
Loperamide	tab	2mg	diarrhea	30	30	10+	
Mebendazole	tab	100mg	intestinal worms	6+	6+	-	
Metoprolol	tab	100mg	HTN/AF/angina/migraine	60+	-	-	
Metronidazole	tab	500 mg	infections	30+	20+	-	
Miconazole	crm	2%	Fungal skin infections	2x30g	1x30g	-	double quantities if females on board
Midazolam	amp	5mg/ml	epileptic fits	10+	5+	-	
Misoprostol	tab	200ug	Post-partum hemorrhage	3+	3+	-	only if females on board
Morphine (Controlled Substance)	amp	10mg/ml	severe pain	10	10	-	
Morphine (Controlled Substance)	liq	1mg/ml	severe pain in patients able to eat and drink	100ml+	100ml+	-	double if crew size > 30
Naloxone	amp	0.4mg/ml	Opiate overdose	10+	5+	-	
Omeprazole	tab	20mg	Reflux, peptic ulcers	30+	30+	-	double if crew size > 30
Ondanestron	tab	4mg	vomiting, sea-sickness	10	10	10+	
Oral rehydration solution	powder	sachet	Dehydration due to diarrhea	15l(75)	10l(50)	2l(10)+	quantities in brackets are number of sachets based on sachets made up to 200ml
Oxymetazoline	nasal drop	0.50%	nasal obstruction/drain sinuses	2	1	-	one (1) bottle per patient
Paracetamol	tab	500mg	pain and fever	100	50	25	
Permethrin	lot	1%	lice	200ml+	100ml+	-	double if crew size > 30
Permethrin	lot	5%	scabies	300ml+	100ml+	-	100ml per patient
Povidone iodine	liq	10%	disinfect skin/wounds	100ml	100ml	100ml+	
Povidone iodine	oint	10%	disinfect skin/wounds	1x25g	1x25g	-	

Name	Form ⁶	Strength	Indication ⁷	Quantities per 10 Crew ⁸			Notes
				A	B	C	
Prednisone	tab	25mg	asthma/inflammatory conditions	30+	30+	-	
Salbutamol	inh	100ug/dose	asthma/bronchitis/emphysema	1	1	-	one (1) inhaler per patient
Sodium chloride	liq	0.9%, 1litre	fluid replacement	5+	1	-	
Tetracaine (amethocaine)	eye drop	0.50%, 1ml	eye examination	20+	20+	-	
Tetracycline	eye ointment	1%	minor eye infections	2	1	1+	one (1) tube per patient
Vitamin K	amp	10mg/ml	reverse warfarin or similar	2+	2+	-	
Water for injection	amp	5ml	reconstitute injection	15	5+	-	only used to reconstitute ceftriaxone
Zidovudine + lamivudine	tab	300mg/150mg	needle-stick injury prophylaxis	56+	56+	-	
Zinc Oxide	Paste/ ointment	20%	irritated skin	200g+	100g+	100g+	4x25g or3X30gtubes per 100g

Table I (Continued) Supplies and Equipment
(International Medical Guide for Ships, 3rd Edition)

Category	Recommended Item	Quantity
RESUSCITATION EQUIPMENT		
Appliance for the administration of oxygen	Portable oxygen set, complete, containing:	1
	• 1 oxygen cylinder, 2 1/200 bar	1
	• 1 spare oxygen cylinder, 2 1/200 bar	1
	• Pressure regulating unit and flow meter with tubes such that ship's industrial oxygen can also be used	1
	• 3 disposable face masks of choice; including simple face mask and non-rebreathing mask	3
Oropharyngeal airway	Guedel airway (Mayo-tube): sizes medium and large	2
Mechanical aspirator	Manual aspirator to clear upper airways, including 2 catheters	1
Bag and mask resuscitator	Ambubag (or equivalent); supplied with large, medium and small masks	1
Cannula for mouth-to-mouth resuscitation	Brook Airway, Lifeway, pocket face mask or equivalent	1
DRESSING MATERIAL AND SUTURING EQUIPMENT		
Adhesive dressings	Assorted wound-plaster or plaster strips, water-resistant	200
Eye pads	Eye pads	3
Sterile gauze compresses	Sterile gauze compresses, 5x5 cm, sterile	100
	Sterile gauze compresses, 10x10 cm, sterile	100
Gauze roll	Gauze roll, 5cm and 90cm or 60cm x 100 m, non-sterile	1
Gauze dressing with non-adherent surface	Non-adherent gauze dressing, square, 10 cm	100

Category	Recommended Item	Quantity
Vaseline gauze	Paraffin gauze dressing, 10 x 10 cm, sterile	50
Bandage	Elastic fixation bandage, 4 m x 6 cm	3
Sterile compression bandages	First-aid absorbent gauze-covered cotton pad sewn into a cotton bandage (ambulance dressing), small/medium/large	5
Tubular gauze for finger bandage	Tubular gauze bandage for finger bandage with applicator, 5 m	1
Adhesive elastic bandage	Adhesive elastic bandage, 4 m x 6 cm	10
Triangular sling	Triangular sling	5
Sterile sheet for burn victims	Sterile sheet for burn patients	1
Honey or burn kit for dressing burns	1 kg	1
Adhesive sutures or zinc oxide bandages	Adhesive tape, waterproof, skin-friendly, 5 x 1.25 cm	10
Q-tips	Q-tips (wooden)	100
Safety pins	Safety pins (stainless steel) 12 pcs	50
Butterfly sutures	Butterfly sutures, Steristrips® or Leukostrip®, sterile	20
Skin adhesive	2-octyl cyanoacrylate liquid, 0.5 ml	2
Suturing equipment	Sutures, absorbable with curved non-traumatic needs, 1-O, 3-O, & 4-O or 5-O	10 each
		10
Gloves	Disposable examination gloves	50
	Surgical gloves sizes, 6.5, 7.5, 8.5, sterile, in pairs	3 of each size
INSTRUMENTS		
Disposable scalpels	Scalpel, sterile, disposable	20
Stainless-steel instrument box	Instrument box (stainless steel)	1
Scissors	Operating scissors, straight (stainless steel)	1
	Bandage scissors (stainless steel)	1
Forceps	Splinter forceps, pointed (stainless steel)	3
	Teeth tissue forceps (stainless steel)	1
Needle holder	Needle holder, Mayo-Hegar, 1800 mm, straight	1
Haemostatic clamps	Haemostatic clamp, Lahlstead mosquito, 125 mm, stainless steel	3
Disposable razors	Razor, disposable	50
EXAMINATION AND MONITORING EQUIPMENT		
Disposable tongue depressors	Tongue depressors, disposable	100
Reactive strips for urine analysis	Reactive strips for urine analysis: blood/glucose/protein/nitrite/leukocytes, 50 paper strips	100
Microscope slides	Microscope slides	100
Stethoscope	Stethoscope	1
Aneroid sphygmomanometer	Sphygmomanometer (blood pressure set), preferably automatic	1
Standard thermometer	Thermometer, digital if possible	1
Rectal thermometer	Thermometer, digital if possible	1
Hypothermic thermometer	Thermometer 32°-34°, digital if possible	1
Penlight	Penlight + blue cover	1

Category	Recommended Item	Quantity
Magnifying glass	a x 8 loupe	1
Marker	Waterproof indelible marker	1
EQUIPMENT FOR INJECTION, INFUSION, AND CATHETERIZATION		
Equipment for injection	Syringes, Luer connection, 2 ml, sterile, disposable	50
	Syringes, Luer connection, 5 ml, sterile, disposable	50
	Hypodermic subcutaneous needle, Luer connection, 16 x 0.5 mm, sterile, disposable	20
	Hypodermic intramuscular needle, Luer connection, 40 x 08 mm, sterile, disposable	20
	Needles, 19G, blunt, "drawing up" type	20
Equipment for infusion	Intravenous infusion cannula 16G (1.2 mm) and 22G (0.8 mm), Luer-lock connection, sterile non-recap type	10 each
	Intravenous giving set, Luer-lock connection, sterile	3
	Tourniquet, blood-taking type to be used with intravenous infusion cannula	1
Bladder drainage equipment	Penile sheath set with condom catheter, tube, and bag	2
	Short-term urine catheter with soft-eye straight tip Thieman No. 12 and No. 16 or equivalent, sterile, individually packed, prelubricated or with additional lignocaine/chlorhexidine lubricant	2
	Urine collecting bag and tube	2
GENERAL MEDICAL AND NURSING EQUIPMENT		
Eye protection	Plastic goggles or full-face masks	2
Plastic apron	Disposable	20
Kidney dish	Kidney dish, stainless steel, 825 ml	2
Plastic backed towels	Towels, plastic backed, absorbent 600 x 500 mm	10
Safety box	Safety box for sharps disposal, 5 l	1
Mask	Mask, duckbill type, disposable	50
Tape measure	Tape measure, vinyl coated, 1.5 m	1
Draw sheets	Draw sheet, plastic 90 x 180 cm	2
Bedpan	Bedpan, stainless steel	1
Hot-water bottle	Hot-water bag	1
Urine bottle	Urinal, male (plastic)	1
Ice bag	Cold/Hotpack Maxi	1
Aluminum foil blanker	Aluminum foil blanket	1
Condoms	Male condoms	100
Wash bottle	Plastic wash bottles, 250 ml	1
Plastic bottle	Bottle, 1 litre, plastic with screw top	3
Dressing tray	Stainless steel dressing tray, 300 x 200 x 30 mm	1
Plastic apron	Apron, protection, plastic, disposable	20
Bowl	Bowl, stainless steel, 180 ml	3
Specimen jars	Jars, plastic, with lids and labels, 100 ml	10
Plaster-of Paris bandage	Bandages, POP, 5 cm and 10 cm x 2.7m	12 each
Stockinet	Sizes for arm and leg splints, 10 m roll	1 each
Cotton wool	Cotton wool roll, 500 g	10
Alcohol swabs	70 % alcohol swabs for skin cleansing prior to injection	200

Category	Recommended Item	Quantity
Nail brush	Nail brush	1
Thermometer for refrigerator	Thermometer for refrigerator	1
Mortuary transfer bag	Mortuary transfer bag	1
IMMOBILIZATION AND TRANSPORTATION EQUIPMENT		
Malleable splints	Malleable finger splint	1
	Malleable forearm/hand splint	2
	Malleable splint leg	2
Cervical ridge collar	Cervical rigid collar variable size for neck immobilization	1
Stretcher	Stretcher equipment allowing immobilization and crane or helicopter lifting	1

Appendix 2 – Publications, Forms and Charts

Publications, Forms, and Charts to Be Carried

The following publications, forms and charts must be carried on board each vessel in the quantities indicated.

PUBLICATION, FORMS AND CHARTS	QUANTITY Per Vessel
<i>International Medical Guide for Ships</i> (IMGS) (hard copy of most recent edition)	1
<i>Quantification Addendum, International Medical Guide for Ships, 3rd Edition</i> , World Health Organization, 2010 (hard copy)	1
<i>Medical First Aid Guide for Use in Accidents Involving Dangerous Goods (MFAG)</i> (hard copy of most recent edition; carry if transporting dangerous goods)	1
Cards for telemedical advice (fill in before calling for radiomedical advice)	10 cards up to 40 persons 20 cards for 41-100 persons
Cards/Charts for tracking temperature	10 cards up to 40 persons 20 cards for 41-100 persons
Ship Master's Report Form	10 cards up to 40 persons 20 cards for 41-100 persons
Injury and Illness Medical Record (MI-105MR)	10 cards up to 40 persons 20 cards for 41-100 persons
Medical logbook	1
Controlled drugs register	1

Seafarer Injury and Illness Medical Record

INJURY AND ILLNESS MEDICAL RECORD

(CONFIDENTIAL)

Case Number: _____

1. Vessel: _____		2. Voyage #: _____		3. Cabin/Crew #: _____	
4. Status <input type="checkbox"/> PAX <input type="checkbox"/> Crew <input type="checkbox"/> Other (DESCRIBE)		5. Name: (LAST, FIRST, MIDDLE) 6. Address: (CITY, STATE, ZIP CODE) 7. Nationality: _____		8. Birth date: 9. Social Security No./ID #: 10. Home Phone #: 11. Date: 12. Time:	
HISTORY PRESENT ILLNESS / INJURY:					
Age: _____		Gender: _____		CC: _____	
VITAL SIGNS:					
Blood pressure (systolic/diastolic): _____		Pulse (beats/min): _____		Body temperature (oral), note F or C: _____	
MEDS (type, quantity, time):					
ALLERGIES:					
PAST HISTORY: CAD, MI, HTN, CHF, Arthritis, DM, CVA, PUD, TAH, CABG, PTCA, Cancer, Appendectomy, Cholecystectomy					
LMP:			TETANUS:		
MEDICAL TESTS: <input type="checkbox"/> CBC <input type="checkbox"/> Platelets <input type="checkbox"/> Electrolytes <input type="checkbox"/> Bun <input type="checkbox"/> Creatinine <input type="checkbox"/> Glucose <input type="checkbox"/> CPK and CPK-MB <input type="checkbox"/> Troponin <input type="checkbox"/> PT / PTT		<input type="checkbox"/> Urine / Dipstick <input type="checkbox"/> Amylase / Lipase <input type="checkbox"/> Liver Profile <input type="checkbox"/> KUB <input type="checkbox"/> Flat / Erect Abdomen <input type="checkbox"/> CXR <input type="checkbox"/> ABG FiO ₂ : _____ % <input type="checkbox"/> EKG <input type="checkbox"/> BHCG <input type="checkbox"/> _____		MEDICAL TREATMENT: <input type="checkbox"/> dT 0.5cc IM <input type="checkbox"/> Hypertet 250 UI IM <input type="checkbox"/> IV Type / Rate: <input type="checkbox"/> O ₂ <input type="checkbox"/> Monitor / Tele <input type="checkbox"/> Pulse Oximetry <input type="checkbox"/> Inhaler Treatment <input type="checkbox"/> _____ <input type="checkbox"/> _____	
PHYSICAL EXAM: BP: _____		P: _____		RR: _____	
TEMP: _____		PULSE OXY: _____		_____ distress <input type="checkbox"/> Yes <input type="checkbox"/> No	
GENERAL: Well developed, nourished, in _____					
HEENT: Head atraumatic. PERRL EOM's intake. Nystagmus. Anicteric. Sharp discs. Throat clear. TM's clear. Mucosa: Moist <input type="checkbox"/> / Dry <input type="checkbox"/> / Pink <input type="checkbox"/> / Pale <input type="checkbox"/>					
NECK: Supple. _____ Kernigs. _____ Brudzinski. _____ JVD. _____ Stridor.					
CHEST: Clear breath sounds. Normal expansion. No wheezing, rales.					
CV: PMI 4 th ICS MCL. _____ No gallops, murmurs. _____ Regular rhythm.					
ABD: Non-distended. Bowel sounds: _____ Soft. Tenderness: _____ Rovsing. Rebound. Guarding. Organomegaly: _____					
GU / GYN: Flank pain: L <input type="checkbox"/> R <input type="checkbox"/> None <input type="checkbox"/> Normal Genitalia. Testes Descended / Tender. Hernias: L <input type="checkbox"/> R <input type="checkbox"/> None <input type="checkbox"/> Hemmo cult Stool: <input type="checkbox"/> Pos <input type="checkbox"/> Neg Color: _____					
EXT: Cyanosis. Clubbing. Edema. Deformities: _____					
NEURO: Patient is alert, attentive, cooperative. Oriented to person, situation, place and time. DTR's symmetric. Goal-oriented conversation. Clear speech. Coordinates well. Moves face and all four extremities symmetrically.					
SKIN: Good turgor, no rashes. Diaphoretic, warm, dry.					
LAB RESULTS:		pH _____		INTERPRETATION: Amy/Lipase: _____	
HgB _____ Na _____ Cl _____ Bun _____ Glu _____ WBC _____ Hct _____ K _____ CO ₂ _____ Cr _____		O ₂ _____		CK/MB/Troponin: _____	
ACCUCHECK: _____		PULSE OXYMETRY: _____		FiO ₂ _____ %	
EKG: _____		Rhythm: _____		Rate: _____	
X-RAY: _____		Impression: _____		U/A: _____	
TELEMEDICAL ADVICE RECEIVED:					
FINAL DIAGNOSIS:					
MAY RETURN TO DUTY:					
INSTRUCTIONS / REFERRAL:					
<input type="checkbox"/> Return ASAP if worsening in your condition.					
PHYSICIAN SIGNATURE: _____				Date: _____	
PATIENT SIGNATURE: _____				(IN RECEIPT OF DISCHARGE INSTRUCTIONS)	

Ship Master's Report Form

Attach all relevant medical reports to this report form.

Date of report: _____

Ship's identity and navigation status

Name: _____

Owner: _____

Name and address of on-shore agent: _____

Position (latitude, longitude) at onset of illness: _____

Destination and ETA (expected time of arrival): _____

The patient and the medical problem

Surname and first name: _____

Sex: Male Female

Date of birth (dd-mm-yyyy): _____

Nationality: _____

Seafarer registration number: _____

Shipboard job title: _____

Hour and date when taken off work: _____

Hour and date when returned to work: _____

Ship Master's Report Form

Injury or Illness

Hour and date of injury or onset of illness: _____

Hour and date of first examination or treatment: _____

Location on ship where injury occurred: _____

Circumstances of injury: _____

Symptoms: _____

Findings of physical examination: _____

Findings of X-ray or laboratory tests: _____

Overall clinical impression before treatment: _____

Treatment given on board: _____

Overall clinical impression after treatment: _____

Telemedical consultation

Hour and date of initial contact: _____

Mode of communication (radio, telephone, fax, other): _____

Surname and first name of telemedical consultant: _____

Name of Maritime Telemedical Assistance Service (TMAS) center _____

Unique case number: _____

Details of telemedical advice given: _____

Model Declaration of Health

MODEL OF 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:

(Nationality) (Flag of vessel):

Master's name:

Gross tonnage (ship):

Tonnage (inland navigation vessel);

Valid Sanitation Control Exemption/Control Certificate carried on board? Yes No
Issued _____ Date: _____

Re-inspection required? Yes No

Has ship/vessel visited an affected area identified by the World Health Organization? Yes No

Port and date of visit: _____

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, Industrial Personnel, 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):

Name

Joined from:

Number of crew members on board: _____

Number of passengers on board: _____

Model Declaration of Health

HEALTH QUESTIONS

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

NOTE: In the absence of a medical practitioner, 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 diarrhea; 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 Doctor (if carried)

Date: _____

Attachment To Model Declaration of Health*

Name	Class or rating	Age	Sex	Nationality	Port, date joined ship/vessel

Nature of illness	Date on onset of symptoms	Reported to a port medical officer?	Disposal of case**	Drugs, medicines or other treatment given to patient	Comments

* Add additional sheets as necessary.

** 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