



HEALTH DECLARATION FORM

GOVERNMENT OF NIUE

NIUE HEALTH DEPARTMENT

NAME OF VESSEL: _____
 DATE OF ARRIVAL: _____
 Last Port: _____
 Next Port: _____
 Nationality: _____
 Owner / Captain: _____

CREW LIST

NUMBER	NAMES	VACCINATION RECORDS		LIST OTHER VACCINATIONS and please list them below <small>immunization prevents illness, disability and death from vaccine-preventable diseases including cervical cancer, diphtheria, hepatitis B, measles, mumps, pertussis (whooping cough), pneumonia, polio, rotavirus diarrhoea, rubella and tetanus.</small>
		CHOLERA	YELLOW FEVER	
1		YES / NO	YES / NO	
2		YES / NO	YES / NO	
3		YES / NO	YES / NO	
4		YES / NO	YES / NO	
5		YES / NO	YES / NO	
6		YES / NO	YES / NO	
7		YES / NO	YES / NO	
8		YES / NO	YES / NO	
9		YES / NO	YES / NO	
10		YES / NO	YES / NO	

If more crew members, please write their names here:

Have you and any of your crew members been Sick in the last 7 days?

- YES
- NO

If YES, please list the conditions here -

If YES, are you experiencing any of the following Symptoms? Otherwise list NO here.

- Fever
- Diarrhoea
- Vomiting
- Other Symptoms

Are you aware of any other conditions on board which may lead to infection or spread of infectious disease?

- YES
- NO

If YES, please list the conditions here -

Date: _____

Owner / Captain: _____

Sign: _____

I hereby signed above for this vessel, hereby declare that I will hold all responsibilities regarding the safety of my crew during our stay on the island of Niue.

Office and Official Use Only: Officers Name, date and time -