



# Port of Fujairah Marine Department

## NEW INFLUENZA A (H1N1) HEALTH DECLARATION

Has there been on board the ship, during the international voyage, at any time in the past seven (7) days, any illness resembling flu, or having flu-like symptoms, e.g. running nose, fever of about 38°C, cough, sore throat with or without headache or diarrhea.

YES

NO

If yes, please state the following :

### Travel History:

- Has that person in 7 days prior to developing the Flu-like symptoms, cared for or come in close contact with (with in about 6 feet) a confirmed case of Swine-origin Influenza A Virus (SOIV) infection. OR
- Has that person in the 7 days prior to developing the Flu-like symptoms had traveled to or resided in an area, where there is one or more confirmed cases of SOIV infection.

YES

NO

If yes, then please fill in the following details:

### Illness History:

Name of the ill person : \_\_\_\_\_

Designation / identification : \_\_\_\_\_

Date of Joining : \_\_\_\_\_

Date of appearance of symptoms : \_\_\_\_\_

Date of resolution of symptoms/  
returning to health : \_\_\_\_\_

Symptoms (Please encircle) : Fever; Stuffy or Running Nose; Soreness of throat;  
Cough.

Any other (please specify), \_\_\_\_\_

Ship's Master : \_\_\_\_\_

Ship's Stamp : \_\_\_\_\_

Date : \_\_\_\_\_