



# 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<sup>0</sup>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 : \_\_\_\_\_