中華民國衛生福利部疾病管制署

CENTERS FOR DIESEASE CONTROL, MININISTRY OF HEALTH AND WELFARE, REPUBLIC OF CHINA (TAIWAN)

船舶健康聲明書

SHIP DECLARATION OF HEALTH

船舶自外國港口抵達時由船長填寫呈報

(To be completed and submitted to the compete	•	e masters of ships arriving from foreign ports)		
在何港口呈報	日期			
Submitted at the port of	Date			
船名 Name of ship	何處來	何處去 Sailing to		
図籍	Arriving from 註冊編號	Saming to		
図精 Nationality	計劃 Registration/IMC) No		
總噸數	 			
Gross tonnage	Net tonnage			
船長姓名	 船主或代理人			
Master's name	Name of owner of	of shipping agent		
是否持有有效免予衛生管制或衛生管制證明書?	<u> </u>	是		
Valid Sanitation Control Exemption / Control Certificate carried	d on board?	Yes No) [
發給地點 日期		是否需複查?		
Issued at Date		Re-inspection required?		
船舶是否曾停留世界衛生組織公佈之感染區?		停留的港口及日期		
Has ship visited an affected area identified by the World Health	Organization?	Port and date of visit		
列出抵港前三十日內之寄泊港名及到離日期				
List ports of call in last 30 days with dates of arrival and depart	ure:			
船員人數	旅客人數			
Number of crew members on board		ssengers on board	是	
	生 狀 況 h Questions			否 No
1. 航行中曾否有人員死於非意外事故?如果有,請將詳情:	•	死亡人數:	103	110
Has any person died on board during the voyage otherwise the				
schedule.		Total no. of deaths:		
2. 船上或航行中有無疑似傳染病病人?如果有,請將詳情				
Is there on board or has there been during the international v		lisease which you suspect to be of an		
infectious nature? If yes, state particulars in attached schedul 3. 航行中生病旅客人數是否超過正常/預期人數?有多少病				
Has the total number of ill passengers during the voyage bee		nal/expected? How many ill persons?		
4. 目前船上有無人員生病?如果有,請將詳情記於附表內		ma expected. 116 w many in persons.		
Is there any ill person on board now? If yes, state particulars		le.		
5. 是否請醫師會診?如果是,請將治療情形和建議詳情記				
Was a medical practitioner consulted? If yes, state particular	s of medical treatm	ent or advice provided in attached schedule.		
6. 船上有無其他足資散播疫病之事實?如果有,請將詳情				
Are you aware of any condition on board which may lead to	infection or spread	of disease? If yes, state particulars in attached		
schedule.	以二(01. 用十.	ᅶᆂᅶᄭᇚᄓᄔᆘᅪᄼᅟᆝᆝᆫᄜᆝᇿᄼᆞᇊᆏᆘᇚ		
7. 船上有無採取任何衛生措施(例如,檢疫、隔離、消毒或 Has any sanitary measure (e.g. quarantine, isolation, disinfec				
type, place and date.	ction of decontaining	auton) been applied on board: If yes, speeny		
8. 船上有無發現任何偷渡者?如果有,他們在何處登船(如	知道)?	_	-	
Have any stowaways been found on board? If yes, where did	they join the ship	(if known)?		
9. 船上有無生病的動物或寵物?				
Is there a sick animal or pet on board?				
註:在沒有船醫的情形下,船長應視以下症狀為疑似感染傳染病:		· 中 · · · · · · · · · · · · · · · · · ·		
(a) 持續數天發燒,或伴有①虛弱;②意識減低;③腺體腫大;(b) 有或無發燒:①任何急性皮膚發紅或發疹;②嚴重嘔吐(非量				
Note: In the absence of a surgeon, the master should regard the following			ctious r	nature:
(a) fever, persisting for several days or accompanied by ①prostration	n; @decreased consci	ousness; \$\hat{3}\$glandular swelling; \$\hat{9}\$jaundice; \$\hat{5}\$cough or	shortn	ess of
breath; ©unusual bleeding; or paralysis.	ra vamiting (ather the	n saa siekness). Beauere dierrhees er Proguerent een	nileion	
(b) With or without fever: ①any acute skin rash or eruption; ②seve. 本人聲明對於本聲明書之各項問題之回答以及附表所載各值		n sea sierness), esevere diannoca, of elecunent conv	uisiOIIS	·.
I hereby declare that the particulars and answers to the question		laration of Health (including the schedule) are tr	ue and	l correct
to the best of my knowledge and belief.	_	,		
	船長簽署			
口 Hn	Master Signed 船 醫 副 署			
日期 Date		Countersigned		

船舶健康聲明書附表 ATTACHMENT TO SHIP DECLARATION OF HEALTH

姓名	艙位或職位	年龄	性別	國籍	登船港口、日期	病源	症狀出現	是否通報衛生	病人的處理	提供的藥物或處置	意見
Name	Class or	Age	Sex	Nationality	Port, date joined	Nature of	日期	單位?	情形※	Drugs medicines or	Comments
	rating				ship	illness	Date of onset	Reported to a	Disposal of	other treatment given to	
							of symptoms		case ※	patient	
								officer?			

[※] 說明:(1)病人是否痊癒或仍在病中或已死亡;(2)病人是否仍在船上或已登岸(註明港埠名稱)或已海葬。

X 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.