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

1. 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 competent authorities by the masters of ships arriving from foreign ports)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 在何港口呈報 Submitted at the port of | | | | |  | | | | 日期 Date | | |  | | | | | | | | | | |
| 船名 Name of ship | |  | | | | | | | 何處來 Arriving from | | |  | | | | 何處去 Sailing to | |  | | | | |
| 國籍 Nationality | |  | | | | | | | 註冊編號 Registration/IMO No | | | |  | | | | | | | | | |
| 總噸數 Gross tonnage | |  | | | | | | | 淨噸數 Net tonnage | | | |  | | | | | | | | | |
| 船長姓名 Master’s name | | | |  | | | | | 船主或代理人 Name of owner of shipping agent | | | | |  | | | | | | | | |
| 是否持有有效免予衛生管制或衛生管制證明書？  Valid Sanitation Control Exemption / Control Certificate carried on board? | | | | | | | | | | | | | | 是  Yes | | □  □ | | | 否  No | | | □  □ |
| 發給地點 Issued at | | |  | | | | 日期 Date |  | | | | | 是否需複查？ Re-inspection required? | | | |  | | | | | |
| 船舶是否曾停留世界衛生組織公佈之感染區？ Has ship visited an affected area identified by the World Health Organization? | | | | | | | | | | |  | | 停留的港口及日期 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 departure: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 船員人數 Number of crew members on board | | | | | |  | | | | 旅客人數 Number of passengers on board | | | | |  | | | | | | | |
| 衛　生　狀　況 Health Questions | | | | | | | | | | | | | | | | | | | | | 是 否 Yes No | |
| 1. | 航行中曾否有人員死於非意外事故？如果有，請將詳情記於附表內。 死亡人數：  Has any person died on board during the voyage otherwise than as a result of accident? If yes, state particulars in attached schedule. Total no. of deaths: | | | | | | | | | | | | | | | | | | |  | □ □ | |
| 2. | 船上或航行中有無疑似傳染病病人？如果有，請將詳情記於附表內。 Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature? If yes, state particulars in attached schedule. | | | | | | | | | | | | | | | | | | |  | □ □ | |
| 3. | 航行中生病旅客人數是否超過正常/預期人數？有多少病人？  Has the total number of ill passengers during the voyage been greater than normal/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。 Is there any ill person on board now? If yes, state particulars in attached schedule. | | | | | | | | | | | | | | | | | | |  | □ □ | |
| 5. | 是否請醫師會診？如果是，請將治療情形和建議詳情記於附表內。 Was a medical practitioner consulted? If yes, state particulars of medical treatment 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，請將詳情記於附表內。 Are you aware of any condition on board which may lead to infection or spread of disease? If yes, state particulars in attached schedule. | | | | | | | | | | | | | | | | | | |  | □ □ | |
| 7. | 船上有無採取任何衛生措施(例如，檢疫、隔離、消毒或除污)？如果有，請說明措施、地點和日期  Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? If yes, specify type, place and date. | | | | | | | | | | | | | | | | | | |  | □ □ | |
| 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：

1. 持續數天發燒，或伴有虛弱；意識減低；腺體腫大；黃疸；咳嗽或呼吸短促；不正常出血；或癱瘓。
2. 有或無發燒：任何急性皮膚發紅或發疹；嚴重嘔吐(非暈船)；嚴重腹瀉；或反覆抽搐。

Note: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:

1. fever, persisting for several days or accompanied byprostration; decreased consciousness; glandular swelling; jaundice; cough or shortness of breath; unusual bleeding; orparalysis.
2. With or without fever: any acute skin rash or eruption; severe vomiting(other than sea sickness); severe diarrhoea; orrecurrent convulsions.

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節均依實告知。  
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.

船 長 簽 署  
 Master Signed

日期 船 醫 副 署

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ship’s Surgeon Countersigned

船舶健康聲明書附表

ATTACHMENT TO SHIP DECLARATION OF HEALTH

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

※ 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。  
※ 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.