



**Government of Niue
Niue Health Department**

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HEALTH DECLARATION FORM

1. Name of Vessel:	
2. Date of Arrival:	
3. Last Port:	4. Next Port:
5. Nationality:	6. Owner/Captain:

CREW LIST

<i>Vaccinations Records (Cholera / Yellow Fever / Flu Vaccine / Others)</i>			
1.	O Yes O No	2.	O Yes O No
3.	O Yes O No	4.	O Yes O No
5.	O Yes O No	6.	O Yes O No
7.	O Yes O No	8.	O Yes O No
9.	O Yes O No	10.	O Yes O No

Have you and any of your crew members been sick in the last 7 days? Yes O No O

If YES, are you experiencing any of the following symptoms?

Fever O

Diarrhoea O

Vomiting O

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

I _____ Captain/Owner of the vessel _____ hereby declare that I will hold all responsibilities regarding the safety of my crew during our stay on the island of Niue Island.

Captain/Owner

Official Use:

Date: ____/____/____

Port Health Officer