



# US Navy Declaration of Health

To be completed and submitted to the competent authority by the Captain of the ship entering a foreign port.

PORT NAME: Eilat, Israel		DATE (DD MMM YYYY): 20OCT2021	
SHIP NAME: USS PORTLAND	HULL NUMBER: LPD 27	GROSS TONNAGE: 36,146	ARRIVING FROM: San Diego, CA
NATIONALITY: USA		CAPTAIN'S NAME: CAPT Matthew Thomas	
Valid Sanitation Control Exemption / Control Certificate on Board?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ISSUED AT San Diego, CA	DATE (DD MMM YYYY): 20 Jul 2021
Is Re-Inspection Required? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Has ship / vessel visited an affected area identified by the World Health Organization?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PORT NAME: None	DATE OF VISIT (DD MMM YYYY):
List ports of call from commencement of voyage with dates of departure, or within past 30 days, whichever is shorter:	PORT NAME: Manama, Bahrain	DEPARTURE DATE: 03 Oct 2021	
	Jeddah, Saudi Arabia	17 Oct 2021	
NUMBER OF CREW ON BOARD: 406 LPD 27 Sailors		NUMBER OF PERSONS OTHER THAN CREW ON BOARD: 637 ACU5/BMUI/LANDING FORCE/ERSS	
<b>HEALTH QUESTIONS</b>			
1. Has any person died on board during the voyage other than as a result of accident? If yes, state particulars in attached schedule. Total Number of Deaths: _____			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Is there on board or has there been during the international voyage any case of disease which you suspect to be of a reportable infectious nature (e.g., Medical Event Report submitted)? If yes, state particulars in attached schedule.			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3. Has the total number of ill persons during the voyage been greater than normal / expected? Total Number of ill persons? <u>7</u>			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Is there any ill person on board now? If yes, state particulars in attached schedule.			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Was a medical practitioner consulted? If yes, state particulars of medical treatments or advice provided in attached schedule.			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
6. Are you aware of any condition on board which may lead to infection or spread of disease? If yes, state particulars in attached schedule.			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
7. Has any sanitary measures (e.g., quarantine, isolation, disinfection or decontamination) been applied on board? If yes, specify type, place and date: <u>isolation of ill patients, disinfection of workspace and berthing 3 times daily</u>			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
8. Have any stowaways been found on board? If yes, where did they join the ship (if known): _____			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
NOTE: In the absence of a surgeon, the Captain/Master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature: a. fever, persisting for several days or accompanied by (1) prostration; (2) decreased consciousness; (3) glandular swelling; (4) jaundice; (5) cough or shortness of breath; (6) unusual bleeding; or (7) paralysis. b. with or without fever: (1) any acute skin rash or eruption; (2) severe vomiting (other than sea sickness); (3) severe diarrhea; or (4) recurrent convulsions.			
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.			
CAPTAIN NAME: CAPT Matthew Thomas		SENIOR MEDICAL DEPT. REP. (When Applicable): LT John Fang	
CAPTAIN SIGNATURE: 	DATE (DD MMM YYYY): 20 OCT 2021	SENIOR MEDICAL DEPT. REP. SIGNATURE: 	DATE (DD MMM YYYY): 20 OCT 2021

Name	Age	Sex	Nationality	Port, Date Joined Ship	Diagnosis	Date of onset of symptoms	Patient Disposition	Treatments given to patients	Comments
*Name Redacted*	20	M	United States	San Diego, 04AUG2021	COVID-19	Asymptomatic	Cleared for return to work 18AUG2021	None	Asymptomatic COVID19 case, detected via screening test 08AUG2021
*Name Redacted*	22	M	United States	San Diego, 04AUG2021	COVID-19	Asymptomatic	Cleared for return to work 21AUG2021	None	Asymptomatic COVID19 case, detected via screening test 11AUG2021
*Name Redacted*	22	M	United States	San Diego, 04AUG2021	COVID-19	10AUG2021	Cleared for return to work 20AUG2021	None	COVID19 positive, detect via screening test 11AUG2021
*Name Redacted*	21	M	United States	San Diego, 04AUG2021	COVID-19	10AUG2021	Cleared for return to work 20AUG2021	None	COVID19 positive, detect via screening test 11AUG2021
*Name Redacted*	22	M	United States	San Diego, 04AUG2021	COVID-19	14AUG2021	Cleared for return to work 24AUG2021	OTC Medication	Tested for symptoms 16AUG2021
*Name Redacted*	23	M	United States	San Diego, 04AUG2021	COVID-19	22AUG2021	Cleared for return to work 05SEP2021	OTC Medication	Tested for symptoms 16AUG2021
*Name Redacted*	21	M	United States	San Diego, 04AUG2021	COVID-19	25AUG2021	Cleared for return to work 09SEP2021	OTC Medication	COVID19 positive, detect via screening test 26AUG2021