

Bahamas Customs Clearance



CLEARANCE: INBOUND OUTBOUND SIGHTING ONLY: ROTATION REF:.....

VESSEL NAME:..... REGISTRATION #

OWNER:..... ADDRESS:.....

DATE & TIME OF ARRIVAL:...../...../ AT.....HRS. INTENDED DEPARTURE DATE:...../...../.....

PORT OF ARRIVAL:..... PURPOSE OF VISIT:.....

PREVIOUS PORT:..... PREVIOUS COUNTRY:

NEXT PORT:..... NEXT COUNTRY:.....

CONTACT TELEPHONE:..... GPS:.....

TYPE OF VESSEL:..... COUNTRY OF REGISTRATION:.....

HOME PORT:..... HULL MATERIAL/COLOUR:.....

YEAR BUILT:..... GROSS TONNAGE:..... HOW MANY MASTS?.....

VESSEL'S TOTAL LENGTH:.....ft./m WIDTH:.....ft./m

OUTBOARD MOTOR: HOW MANY?.....→ BRAND:.....→ HP:.....

INBOARD ENGINE: HOW MANY?.....→ BRAND.....→ HP:.....

CREW & PASSENGER LIST

Family Name	First Name	Master Crew Passenger	(M) (C) (P)	Nationality	Date of Birth DD/MM/YY	Passport #
1.						
2.						
3.						
4.						
5.						
6.						
7.						

DO YOU HAVE WEAPONS ON BOARD? YES NO IF YES, PROVIDE DETAILS AS FOLLOWS:

Type (eg. Pistol)	Manufacturer	Serial No.	Calibre & Qty. Ammunition

I hereby declare that all information and particulars supplied on this form are true and correct.

SIGNED:(MASTER) DATE:...../...../.....

OFFICIAL USE ONLY

COMMENTS:

DATE TO RCS 2000:

OFFICER PROCESSING:.....

BAHAMAS CUSTOMS

Nassau, Bahamas

Medical Officer

MARITIME DECLARATION OF HEALTH Appendix 5

(To be tendered by Master of Ships arriving from Ports outside the territory)

Port of _____ Date _____
Name of Ship _____ From _____
Nationality _____ Master's Name _____
Net Registered Ton _____ Certificate _____ Date _____
Derating Exemption _____ Issued at _____
No. of Passengers _____ Cabin _____ No. of crew _____
Deck _____

List of Ports of Call from commencement of voyage with dates of departure.

HEALTH QUESTIONS (Answer Yes or No)

Has there been on board during the voyage* any case or suspected case of plague, cholera, yellow fever or small pox? _____

Has plague occurred or been suspected among rats or mice on board during the voyage* or has there been an unusual mortality among them? _____

Has any person died on board during the voyage* otherwise than as a result accident? Give particulars in Schedule.

Is there on board during the voyage* any case of illness which you suspect to be of an infectious nature? Give particulars in Schedule.

Is there any sick person on board now? Give particulars in Schedule.

NOTE: In the absence of a surgeon, the Master should regard the following symptoms as grounds for suspecting the existence of infectious disease; fever, accompanied by prostration or persisting for several days, or attended with glandular swelling or any acute skin rash or eruption without fever, severe diarrhoea with symptoms or collapse; jaundice accompanied by fever.

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

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.

I/WE _____ SIGNED _____

MASTER

COUNTERSIGNED _____

If more than six (6) weeks have elapsed since the voyage began, it will suffice to give particulars for the last six (6) weeks.

...../Over

