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වෙබ් අඩවිය) www.quarantine.health.gov.lk
இணையத்தளம்)
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ஞரயசயவெகைந ருனவை
Quarantine Unit

මගේ අංකය) DQ/06/2020
எனது இல)
My No.)
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உமது இல)
Your No. :)
දිනය)
திகதி) 2020.01.28
Date)

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சுகாதார, போசணை மற்றும் சுதேச வைத்திய அமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

Chief Immigration Officer
Colombo Port

Requirement of Completing Health Declaration Form by the Travelers

Due to the prevailing situation of Novel Corona Virus infection, Ministry of Health has taken several measures to prevent the disease get in to the country through point of entries and to control further spread.

Hence, hereafter it is a mandatory requirement of all the travelers (crew and the passengers) to fill the Health Declaration Form (HDF) and hand it over to the Immigration Officers to obtain the shore passes.

Travelers with positive travel history or contact history of flu like illness or symptoms should be informed to the Port Health Office by the immigration officers for further assessment before issuing the shore pass. (Refer to the item number 18, 19 and 20 of the HDF).

Suspected patients or persons with travel history to WHO categorized very high-risk countries within 14 days may not be get the medical clearance to get the shore passes.

The soft copy of the format of HDF will be made available to all shipping agents and they are supposed to distribute the required number of copies to the vessels.

Dr S.M. Arnold
Director

Dr. S. M. ARNOLD
Director (Quarantine)
Ministry of Health
Colombo 10.

Copies:
Harbour Master, Colombo Port
Deputy Harbour Master, Galle, Hambantota, Trincomalee Port
CEO, Habanthota International Port Services
Secretary General, CASA

**Health Declaration Form
Quarantine Unit
Ministry of Health /Sri Lanka**



Please fill the form truly and completely in English, please mark '√' on relevant cage
(For the children below 15 years, need to be filled by parent/guardian)

1) Name with Initials (In Block Capitals):		2) Sex : Male <input type="checkbox"/> Female <input type="checkbox"/>	
		3) Nationality:	
4) Date of birth:/...../..... (dd/mm/yyyy)	5) Pass port No:	6) Arrival Port in Sri Lanka : CMB <input type="checkbox"/> GALLE <input type="checkbox"/> HAM <input type="checkbox"/> TRIN <input type="checkbox"/>	
7) Name of the ship:		8) IMO No:	9) Cabin No:
10) Last Port of call:	11) Date of Departure:/...../..... (dd/mm/yyyy)	12) Ports of call within last 14 days :	
13) Reason for travelling : Tourism <input type="checkbox"/> Other (pl. specify).....		14) Period of stay in Sri Lanka: YearsMonths..... Days.....	
15) Permanent address:			
16) Address in Sri Lanka:			
17) Contact Details: Telephone (Foreign):.....,..... Telephone (Sri Lanka):..... Email.....			
18) Countries you have visited during last 14 days:			
19) If you are having any of following symptoms, please mark '√' on relevant cage: Fever <input type="checkbox"/> Sore throat <input type="checkbox"/> Cough <input type="checkbox"/> Running nose <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Headache <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Vomiting <input type="checkbox"/> Fatigue <input type="checkbox"/> Muscle/Joint pain <input type="checkbox"/> Any other symptoms:.....			
20) Did you have close contact with persons having above symptoms during last 14 days : Yes <input type="checkbox"/> No <input type="checkbox"/>			
21) I declare all the information given by me is true and correct: Signature: Date:/...../..... (dd/mm/yyyy)			
For office Use only Temperature of the traveller.....°C/ °F Name of the Quarantine Staff Signature of the Quarantine Staff			

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Quarantine Unit

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Ministry of Health, Nutrition & Indigenous Medicine

Secretary General
Ceylon Association of Shipping Agents
56, Ward Place
Colombo 7

Novel Corona Virus Infection

Due to the prevailing situation of Novel Corona Virus infection, Ministry of Health request to adhere the following measure by all the shipping agents to ensure the safety of their own and to prevent introduction of the disease to the country through points of entry and to control further spread.

1. Shipping agents are requested to inform to the Port Health Medical Officer before boarding the ship, if they have got information that the vessel has called to Ports in countries with very high risk of corona infection within the past 14 days or if there are travelers with flu like symptoms.
2. Shipping agents are requested to wear a disposable surgical masks and disposable gloves when they board the vessel. They should wash their hands after dealing with vessels and as frequently as much as possible (proper hand hygiene). For this purpose sanitizers can be used.

Any updates regarding the above will be informed to you.

Dr S.M. Arnold
Director

Dr. S. M. ARNOLD
Director (Quarantine)
Ministry of Health
Colombo 10.

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Ministry of Health, Nutrition & Indigenous Medicine

Habour Master
Colombo Port

Getting the Status Report from Masters Before Berthing the Vessels

Due to the prevailing situation of Novel Corona Virus infection, Ministry of Health has taken several measures to prevent the disease get in to the country through point of entries and to control further spread.

Therefore, it is recommended the masters of the vessels to inform the status report to the relevant authorities before 12 hours of berthing the vessels in order to take precautionary actions.

Therefore, you are kindly requested to make arrangements to obtain the information and provide the information to the relevant Port Health Office thorough email

Colombo Port Health Office : colomboportlk@gmail.com
Galle Port Health Office : phealthgalle@gmail.com
Hambanthota Port Health Office : phohambanthota@gmail.com
Trincomalee Port Health Office : porthealthtrinco@gmail.com

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Director

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Colombo 10.

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