



MARITIME AND PORT AUTHORITY OF SINGAPORE

PORT MARINE CIRCULAR NO. 06 OF 2025

06 May 2025

Harbour Craft Community
Pleasure Craft Community
Shipping Community

MANDATORY SUBMISSION OF THE MARITIME DECLARATION OF HEALTH

1. This circular brings to the attention of the shipping community on the National Environment Agency (NEA) circular on the requirements for the submission of Maritime Declaration of Health (MDH) for vessels arriving in the Port of Singapore.
2. A copy of the National Environment Agency's (Port Health Office) circular is attached herein.
3. This circular supersedes Port Marine Circular No. 09 of 2024 with effect from 08 May 2025.
4. Any queries relating to the MDH should be directed to the Port Health Office at Tel: (65) 6222-2585 or mail at Port_Health_CRO@nea.gov.sg

CAPT CHONG JIA CHYUAN
PORT MASTER
MARITIME AND PORT AUTHORITY OF SINGAPORE

05 May 2025

Harbour Craft Community
Pleasure Craft Community
Shipping Community

MANDATORY SUBMISSION OF THE MARITIME DECLARATION OF HEALTH

1. This notice brings attention to NEA's requirement, effective from 8 May 2025, for all arriving vessels that fall in any of the following categories to submit the Maritime Declaration of Health (MDH):

- (a). Ships that have called at ports in any of the countries listed in **Annex A** in the past 21 days; or
- (b). Ships with crew/passengers who have travelled to any of these countries in the past 21 days; or
- (c). Ships with any person suspected of having infectious diseases or with a dead body onboard; or
- (d). Ships with any sick person onboard.

[Note: This requirement supersedes the existing MDH requirements specified in Port Marine Circular No.09 of 2024 (September 2024)]

3. The MDH (**Annex B**), along with the following documents, must be submitted to the Port Health Office (email: Port_Health_CRO@nea.gov.sg) **12 hours before arrival** at the Port of Singapore:

- (a). Crew list / Passenger list;
- (b). Current copy of the Ship Sanitation Certificate;
- (c). Last 10 ports of call list; and
- (d). List of all passengers and crew members with temperature above 37.5 degree Celsius.

Non-compliance with the above requirements may constitute a breach of the Infectious Diseases (Quarantine) Regulations.

5. The mandatory submission of MDH may be extended to ships arriving from countries not currently listed in Annex A if the global health situation changes, such as when new diseases of concern are detected.

6. For further clarification on this notice, please contact Port Health Office at Tel: (65) 6222 2585 or email at Port_Health_CRO@nea.gov.sg

Yours faithfully,



MUHD NUR HIDAYAT SUDIRMAN
DEPUTY DIRECTOR
CENTRAL REGIONAL OFFICE
NATIONAL ENVIRONMENT AGENCY

ANNEX A

S/N	Countries
1	Angola
2	Bahrain
3	Benin
4	Burkina Faso
5	Cameroon
6	Cape Verde
7	Central African Republic
8	Congo
9	Cote d'Ivoire
10	Democratic Republic of Congo
11	Gabon
12	Gambia
13	Ghana
14	Guinea
15	Guinea-Bissau
16	Iran
17	Jordan
18	Kenya
19	Kuwait
20	Lebanon
21	Liberia
22	Mali
23	Mauritania
24	Niger
25	Nigeria
26	Oman
27	Qatar
28	Saudi Arabia
29	Senegal
30	Sierra Leone
31	South Africa
32	Sudan
33	Togo
34	UAE
35	Uganda
36	Yemen
37	Zimbabwe

MODEL OF MARITIME DECLARATION OF HEALTH

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports.

Submitted at the port of Date

Name of ship or inland navigation vessel Registration/IMO No arriving from sailing to
(Nationality)(Flag of vessel) Master's name

Gross tonnage (ship)
Tonnage (inland navigation vessel)

Valid Sanitation Control Exemption/Control Certificate carried on board? Yes No Issued at date

Re-inspection required? Yes No

Has ship/vessel visited an affected area identified by the World Health Organization? Yes No

Port and date of visit

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:
.....

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):

(1) Name joined from: (1) (2) (3)
(2) Name joined from: (1) (2) (3)
(3) Name joined from: (1) (2) (3)

Number of crew members on board

Number of passengers on board

Health questions

- (1) Has any person died on board during the voyage otherwise than as a result of accident? Yes No
If yes, state particulars in attached schedule. Total no. of deaths
- (2) 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? Yes No If yes, state particulars in attached schedule.
- (3) Has the total number of ill passengers during the voyage been greater than normal/expected? Yes No
How many ill persons?
- (4) Is there any ill person on board now? Yes No If yes, state particulars in attached schedule.
- (5) Was a medical practitioner consulted? Yes No If yes, state particulars of medical treatment or advice provided in attached schedule.
- (6) Are you aware of any condition on board which may lead to infection or spread of disease? Yes No
If yes, state particulars in attached schedule.
- (7) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? Yes No
If yes, specify type, place and date
- (8) Have any stowaways been found on board? Yes No If yes, where did they join the ship (if known)?
- (9) Is there a sick animal or pet on board? Yes No

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:

- (a) fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.
- (b) with or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhoea; or (iv) 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.

Signed

Master

Countersigned

Ship's Surgeon (if carried)

Date

ATTACHMENT TO MODEL OF MARITIME DECLARATION OF HEALTH

Name	Class or rating	Age	Sex	Nationality	Port, date joined ship/vessel	Nature of illness	Date of onset of symptoms	Reported to a port medical officer?	Disposal of case ¹	Drugs, medicines or other treatment given to patient	Comments

¹ 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.