## 

## NO CHANGE OF HEALTH STATUS REPORT FOR HEALTH PRATIQUE

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**The Master must fill out this section and complete the form. This is a notice to confirm the health status aboard your vessel following your earlier “New Zealand Advance Notice of Arrival”.**

*Please complete this form and send to the Port Health Authority (Public Health Service) between 12 – 24 hours of your arrival. Failure to provide this status report within the required time frame means the vessel will be liable to quarantine and must be met on arrival.*

***To:*** ………………………………………….……….. ***Public Health Service***

***E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***From Vessel:* MV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Print Vessels name)*

**Since sending my “New Zealand Advance Notice of Arrival” there has been:** *(Tick the appropriate box)*

|  |  |
| --- | --- |
|  | **No change to the health status aboard my vessel** (Refer to health questions and Schedule in Maritime Declaration of Health) |
|  | **A change to the health status** (Complete and attach Maritime Declaration of Health) |
|  | Has the vessel departed or transited through mainland China, Iran, Republic of Korea or Italy in the last 14 days? |
|  | Are there any passengers or crew on board who have departed, or transited through mainland China, Iran, South Korea or Italy in the last 14 days? |
|  | Are there any passengers or crew on board who have had contact with a person who has confirmed or suspected COVID-19 in the last 14 days? |

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Masters Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Print)*

*This Form must be sent from your vessel to the Port Health Authority no earlier than 24 hours and not later than 12 hours before arrival. The Port Health Authority will then send confirmation of the vessel Pratique status.*

**Agents details** *(pratique message will be copied to the agent):*

**Company name**:  **Fax**:

**Agents name:**  **Cell-phone**:  **Email:**