



**GRENADA
MINISTRY OF HEALTH
AIRCRAFT DECLARATION OF HEALTH**

Date _____

Name of Owner/Operator of the Aircraft _____

Marks of Nationality and Registration _____

Origin of Flight (*Routing*) _____
(include all places en route)

Flight arriving from _____ Flight no _____

No. of Crew on board _____ No. of Passengers on board _____

Next Port of Disembarkation _____

Declaration of Health

Name and seat number of persons on board with illness other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever – temperature 38 °C/100 °F or greater – associated with one or the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering from a communicable disease) as well as such cases of illness disembarked during a previous stop.

Total no. of sick persons _____

NAME OF PASSENGER	SEAT NUMBER	SIGNS / SYMPTOMS

(Use attachment for additional information)

Details of each disinsecting or sanitary treatment during the flight. If no disinsecting or disinfection has been carried out during the flight, give details of most recent disinsecting or disinfection.

METHOD OF DISINSECTING/DISINFECTION (ie Residual spraying, Top of descent spraying /Cleaning of contaminants)	PLACE (Where done?)	DATE	TIME

Signature:..... Date:
(Authorized Agent/ Pilot -in- Command)

Signature of Health Professional:..... Date :.....