



COVID-19

EXTENDED NOTICE OF ARRIVAL – APPENDIX 1

Crew and Passenger vaccination and testing

PART A: VESSEL DETAILS

Name of vessel: _____ Registration number: _____ Date of registration: _____
 Country of registration: _____ Port of registration: _____
 Sail number: _____ Home port: _____
 Name of person in charge: _____ No. persons on board: _____

PART B: CREW AND PASSENGER DETAILS

Surname: _____ First name/s: _____
 Vaccinated: Yes No Name of vaccine: _____ 1st dose date: _____ 2nd dose date: _____
 Tested within 72 hours of last departure from port or place Yes No Date of test: _____ Time of test: _____
 Result: Positive. Negative

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Please note that this information is requested to assist with public health planning only. Vaccination and pre-departure testing are not currently mandated for arrivals at the maritime border.

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