**HEALTH DECLARATION**

**To be completed and submitted to Port of Gävle latest 24 hours prior to vessels arrival.**

|  |  |
| --- | --- |
| Name of vessel | IMO no.      |
| Arriving from      | ETA to Port of Gävle      |
| Number of crew members on board      | Number of passengers on board      |
| Name of master      |  |

**Health questions**

Is there any case of disease on board which you suspect to be of an infectious nature?

|  |  |  |
| --- | --- | --- |
| Yes [ ]  No [ ]  |  |  |

**Masters signature**

Date:

------------------------------------------------------

Master

**This declaration shall be sent by e-mail to** trafik@gavlehamn.se

Gävle Hamn AB processes the information/health declaration with the purpose of protecting human health and with the legal basis of exercise of authority. See Gävle Hamn AB:s integrity policy <https://gavlehamn.se/EN/privacy-policy> for contact information and further information on how we process personal data etcetera.