

SUBJECT : REQUEST OF FREE SANITARY PRATIQUE

TO : HEALTH PORT AUTHORITY –
Unità Territoriale di Sanità Marittima ed Aerea – _____ - ITALY

FROM: MV _____

DATE : _____

- a) Name of the ship _____
b) Flag _____
c) IMO Number _____
d) Ship's agent _____
e) Date and time of departure from last port of call _____
f) ETA _____, date _____ Port _____
g) Ports of arrival in the last 20 days

- h) Sanitary Situation on board _____
i) Deaths on board if any (y/n) : _____ and causes of deaths _____
j) Doctor on board _____
k) Number of crew members on board _____
l) Number of passengers on board _____
m) Number of Passengers landed _____ and because _____
n) Ship Sanitation Control Certificate or Ship Sanitation Control Exemption Certificate :
issued (date and Health Authority) _____
o) Next Port _____
p) Name of the master. _____

WE REQUEST FREE SANITARY PRATIQUE

Regards

The Master