



EXTENDED NOTICE OF ARRIVAL - APPENDIX 1

Crew and Passenger vaccination and testing

PART A: VESSEL DETAILS		
Name of vessel:	Registration number: Date 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 \bigcirc Y	es ONo Date of test:	Time of test:
Result: O Positive. Negative		
Surname:	First name/s:	
Vaccinated:	1st dose date:	2nd dose date: _
Tested within 72 hours of last departure from port or place \bigcirc Yo	es ONO Date of test:	Time of test:
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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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