

SUBJECT: REQUEST OF FREE SANITARY PRATIQUE

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

FROM: MV _____

DATE: _____

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- 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 14 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