

INTERNATIONAL HEALTH INSPECTION REPORT



INSTITUTO DE SERVICIOS DE SALUD PÚBLICA DEL ESTADO DE B. C.
JURISDICCIÓN DE SERVICIOS DE SALUD ENSENADA

Through this, I notify that the boat named _____, with flag _____, enrollment number _____, set sail the (day/month) _____ of 2021, from the (port/country) _____; arriving at Ensenada port at _____ (hour) of the (day/month) _____ of 2021, with stay at the marine _____, and with day of scheduled departure of (day/month/year) _____.

Based on the Reglamento Sanitario Internacional (RSI, 2005) Título VI, and the Ley General de Salud en Materia de Sanidad Internacional en sus capítulos I, III, VI, VII, VIII y IX, to comply with it you must submit the following documentation:

NAME	AGE	SEX	NATIONALITY	Temp.	SaO2

Epidemiological important diseases: (YES) (NO), Which? _____

Observations: _____

I certified that this boat and tripulation **(YES) (NO)** accomplish with all the requirements of the Local Health Authority with bases on the RSI and the Ley General de la Sanidad Internacional, granting the free talk at _____ (hours) of the (day/month/year) _____.



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HEALTH QUESTIONNAIRE

1) *Has any person died on board during the voyage otherwise than as a result of accident?* **Si/Yes No**

2) *Is there on board or has been during the international voyage any case of disease which you suspect to be of an infectious nature (Presence of persisting fever accompanied by prostration, decreased consciousness, glandular swelling, jaundice, cough or shortness of breath, unusual bleeding, paralysis. Presence of skin rash or eruption, severe vomiting, severe diarrhea, recurrent convulsions)?* **Si/Yes No**

3) *Is there any ill person on board now?* **Si/Yes No**

4) *Are you aware of any condition on board which may lead to infection or spread of disease?* **Si/Yes No**

5) *Has any sanitary measure (quarantine, isolation, disinfection or decontamination) been applied on board?* **Si/Yes No**

