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Sent: Thursday, January 30, 2020 9:26 AM
To: CASA
Cc: phealthgalle@gmail.com; MD SLPA; De Zoysa Upali
Subject: New Guide Lines to follow at Port of Galle to Prevent from Coronaviruses
Attachments: Health Declaration Form - 2020.01.26.pdf

Dear Sir/ Madam

Advice supply Boat crew regarding guideline provided.

We Port of Galle held few meetings participating all port users and statutory bodies relates to Ports Authority at last two days on control of spreading coronaviruses.

In addition to guide lines given by the relevant authorities, following procedures are implemented at Port of Galle until further notice please.

- SL NAVY will issue security permits after receiving Port Health recommendations. The bigger ships will inspect at outer anchorage, OPL boats will inspect at New pier at their berth and yachts on new pier corner before enter yacht marina.
- Advice Captains/ Masters of Ships/vessels / Yachters to wear mask on every person on arrival to the Port.
- Inform Port Health Office if any suspected person of having features of infection.
- Please provide and fill health declaration form on each and every passenger crew member on sea Marshall on disembarkation and produce it to Port Health Office. (Please see Health Declaration Form attached herewith)
- Do not bypass Port Health Office when disembarking persons.
- Please keep disembarking persons in the **isolation point** in front of Port Health Office until completion of total process.

If there is any special case beyond the coronaviruses relevant authorities will be intermediate as normal practice.

Hence you are kindly requested to educate your members to follow the guide lines to face this situation please.

Best Regards;

Eng. KAKNW Weerasinge
Resident Manager
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**Health Declaration Form
Quarantine Unit
Ministry of Health /Sri Lanka**



Please fill the form truly and completely in English, please mark '√' on relevant cage
(For the children below 15 years, need to be filled by parent/guardian)

1) Name with Initials (In Block Capitals):		2) Sex : Male <input type="checkbox"/> Female <input type="checkbox"/>	
.....		3) Nationality:	
4) Date of birth:/...../..... (dd/mm/yyyy)	5) Pass port No:	6) Arrival Port in Sri Lanka : CMB <input type="checkbox"/> GALLE <input type="checkbox"/> HAM <input type="checkbox"/> TRIN <input type="checkbox"/>	
7) Name of the ship:		8) IMO No:	9) Cabin No:
10) Last Port of call:	11) Date of Departure:/...../..... (dd/mm/yyyy)	12) Ports of call within last 14 days :	
13) Reason for travelling : Tourism <input type="checkbox"/> Other (pl. specify).....		14) Period of stay in Sri Lanka: YearsMonths..... Days.....	
15) Permanent address:			
16) Address in Sri Lanka:			
17) Contact Details: Telephone (Foreign):.....,..... Telephone (Sri Lanka):..... Email.....			
18) Countries you have visited during last 14 days:			
19) If you are having any of following symptoms, please mark '√' on relevant cage: Fever <input type="checkbox"/> Sore throat <input type="checkbox"/> Cough <input type="checkbox"/> Running nose <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Headache <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Vomiting <input type="checkbox"/> Fatigue <input type="checkbox"/> Muscle/Joint pain <input type="checkbox"/> Any other symptoms:.....			
20) Did you have close contact with persons having above symptoms during last 14 days : Yes <input type="checkbox"/> No <input type="checkbox"/>			
21) I declare all the information given by me is true and correct: Signature: Date:/...../..... (dd/mm/yyyy)			
For office Use only Temperature of the traveller°C/ °F Name of the Quarantine Staff			
Signature of the Quarantine Staff			