



## LEMBAGA PELABUHAN KELANG

NOTIS KS/LPK/05/2015.

NOTIS KEPADA PEMILIK KAPAL, OPERATOR PELABUHAN, EJEN PERKAPALAN, NAHKODA KAPAL, MALIM PELABUHAN, OPERATOR VESEL, DAN KOMUNITI PELABUHAN.

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### **Garis panduan bagi kemasukan kapal-kapal yang datang dari Timur Tengah dan Republik Korea untuk mencegah Wabak MERS-CoV**

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1. Pertubuhan Kesihatan Sedunia (WHO) telah melaporkan kejadian wabak MERS-CoV telah melanda Negara Timur Tengah dan telah merebak ke Republik Korea dimana kes pertama telah dikesan bermula 20 Mei 2015.
2. Pejabat Kesihatan Pelabuhan, Pelabuhan Klang telah mengarahkan agar semua agensi perkapalan dan terminal pelabuhan memaklumkan kepada Pejabat Kesihatan Pelabuhan sekiranya terdapat:
  - i. Kapal-kapal dari Negara Timur Tengah dan Republik Korea yang tiba ke Pelabuhan Klang serta mengemukakan borang pengisytiharan "Maritime Declaration of Health" (rujuk Lampiran);
  - ii. Anak – anak kapal yang "sign-on" atau penumpang yang menaiki kapal dari Negara Timur Tengah dan Republik Korea;
  - iii. Mana-mana anak kapal atau penumpang yang mempunyai symptom-sympton seperti demam ( $\geq 38^{\circ}\text{C}$ ), batuk dan susah bernafas.
3. Jabatan Kesihatan Pelabuhan boleh dihubungi melalui nombor dan laman sesawang berikut:

Tel. Pejabat : 03 31686364

Dr. Param : 0126241056

En. Radhakrishnan: 0168991343

<http://www.facebook.com/kkmcprc>

4. Pihak ejen perkapalan perlu memaklumkan kepada Kapten kapal untuk pengasingan anak kapal atau penumpang yang sakit atau mengidap simptom-simptom seperti di atas. Penggunaan sarung tangan dan penutup mulut adalah diwajibkan semasa mengendalikan anak kapal atau penumpang yang sakit.
5. Sebarang pertanyaan berhubung notis ini boleh dimajukan kepada Pengurus Gerakan Merin, LPK di talian 016-2439464/ email [kamal\\_idris@pka.gov.my](mailto:kamal_idris@pka.gov.my).

CAPT. K. SUBRAMANIAM  
Pg. Pengurus Besar (Operasi & Kawalselia)  
LEMBAGA PELABUHAN KELANG

19 Jun 2015

GOVERNMENT OF MALAYSIA

MARITIME DECLARATION OF HEALTH

To be completed and submitted to the competent authorities by the masters of ships from foreign ports.

Submitted at the port of.....Date.....
Name of ship or inland navigation vessel..... Registration No..... arriving from.....sailing
to.....
(Nationality)(Flag of vessel)..... Master's name.....
Gross tonnage (ship).....
Tonnage (inland navigation vessel).....
Valid Sanitation Control Exemption/Control Certificate carried on board ? yes...no...Issued at.....date.....
Re-inspection required? yes..... no.....
Has ships/vessel visited an affected area identified by the World Health Organization? Yes.....no.....
Port and date of visit.....
Last ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever shorter:
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Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have Joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all ports/Countries visited in this period (add additional names to the attached schedule):

- (1) Name.....joined from (1)..... (2)..... (3).....
(2) Name.....joined from (1)..... (2)..... (3).....
(3) Name..... joined from (1).....(2).....(3).....

Number of crew members on board.....
Number of passengers on board.....

Health Questions

- (1) Has any person died on board during the voyage otherwise than as a result of accident? Yes..... no.....
(2) Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature? yes..... no..... If yes, state particulars in the attached schedule.
(3) Has the total number of ill passengers during the voyage been greater than normal/expected? yes..... no.....
(4) Is there any ill person on board now? yes ..... no.....If yes, state particulars in attached schedule.
(5) Was a medical practitioner consulted? Yes.....no.....If yes, state particulars of medical treatment or advice provided in attached schedule.
(6) Are you aware of any condition on board which may lead to infection or spread of disease? yes.....no..... If yes, state particulars in attached schedule.
(7) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? yes.....no.....
(8) Have any stowaways been found on board? Yes ..... no ..... If yes, where did they join the ship (if known)?.....
(9) Is there a sick animal or pet on board? yes ..... no.....

Note: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infections nature:

- (a) fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.
(b) with or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhoea; or (iv) recurrent convulsions.

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief.

Singed.....
Master
Countersigned.....
Ship's Surgeon (if carried)

Date.....