

**SUBJECT : REQUEST OF FREE SANITARY PRATIQUE**

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

**FROM: MV** \_\_\_\_\_

**DATE:** \_\_\_\_\_

- 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*