



**NATIONAL EMERGENCY MANAGEMENT ORGANISATION (NEMO)
 MINISTRY OF NATIONAL SECURITY
 ST. VINCENT AND THE GRENADINES
 WEST INDIES**

Tel: 784-456-2975, Fax: 784-457-1691, Email: nemosvgeoc@gmail.com or nemosvg@gov.vc

**HEALTH SERVICES SUBCOMMITTEE
 APPLICATION FOR QUARANTINE ONBOARD
 VESSEL FOR PERSONS ARRIVING BY AIR**

*All applications **MUST** be submitted at least five (5) days prior to date of travel.*

Submit application form via email to svgarrivals@gmail.com for processing. Your vessel may also be subject to verification inspections on succeeding days to ensure continued compliance with quarantine instructions.

Contact:

Email:

Telephone:

Date (DD-MM-YYYY)

Passenger Information		
1. Name of Passenger	14 days Travel History	Flight Number
2. Arrival and Departure Date		
3. Arrival Airport		
4. Number of Persons Requesting Quarantine Onboard		
5. Dates Requested for Quarantine in Approved Hotel		
6. Dates Requested for Quarantine Onboard Vessel		

This form may be revised at any time at the discretion of the Health Services Subcommittee of the National Emergency Committee/ COVID-19 Task Force, Ministry of Health, Wellness and the Environment.

Vessel Information	
7. Vessel Name	
8. Size of Vessel	
9. Number of Cabins	
10. Number of Crew Onboard	
11. Location during Quarantine	

Health Information	
12. Have any persons on board had a fever anytime during the last 14 days?	
13. Do any persons onboard currently feel ill?	
14. Currently do any persons on board have any of the following?	
• Cough	
• Fever	
• Shortness of Breath	

Comments (please include transfer arrangements and test date in SVG if known)

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OFFICIAL USE ONLY

Approved for Quarantine on Land

Approved for Quarantine on Vessel

Not Approved

Comments:

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