

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

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HEALTH SERVICES SUBCOMMITTEE REQUEST FOR ENTRY AND APPLICATION FOR QUARANTINE ONBOARD YACHT

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

Submit application form via email to: svgarrivals@gmail.com. Your vessel may also be subject to verification inspections on succeeding days to ensure continued compliance with quarantine instructions. This form must be submitted prior to arrival or on arrival at port of entry.

Date (DD-MM-YYYY)

Please answer all questions

	ssenger Information				
Na	me of Passenger	14 days Travel History	Vaccine 1 Date	Vaccine 2 Date	Type of Vaccine
2.	Arrival Date in SVG		PCR Test Date pri	Test Date prior to arrival	
3.	Length of Stay				
4.	Number of Passengers already onboard vessel:				
5.	Number of Passengers requesting quarantine onboard:				
6.	Number of Passenger	rs requesting quarantine ashore	:		

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.

Updated July 9th, 2021

Vessel Information					
7. Vessel Name + Charter Company					
8. Size of Vessel					
9. Number of Cabins					
10. Estimated Journey Time					
11. Yacht Location for Quarantine					

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

Comments (please include e.g. details of previous tests, positive cases, ages of non vaccinated).

OFFICIAL USE ONLY

Approved for Quarantine on Land

Approved for Quarantine on Vessel

Not Approved

Comments:

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