



## LEMBAGA PELABUHAN JOHOR

JALAN MAWAR MERAH 2, PUSAT PERDAGANGAN PASIR GUDANG 2  
81700 PASIR GUDANG, JOHOR DARUL TA'ZIM.



Rujukan : LPJ/IP/OPS/24JLD2(51)

Tarikh : 02/07/2015

### NOTIS PELABUHAN BIL. 26/07/2015

#### LEMBAGA PELABUHAN JOHOR

**KEPADA : OPERATOR PELABUHAN, AGEN PERKAPALAN,  
PEMILIK JETI PERSENDIRIAN DAN PENGGUNA  
PELABUHAN**

**PERKARA : KEMASUKAN KAPAL-KAPAL YANG DATANG DARI  
TIMUR TENGAH DAN REPUBLIK KOREA UNTUK  
MENCEGAH WABAK MERs-CoV.**

Tuan/Puan,

Adalah dimaklumkan bahawa Pertubuhan Kesihatan Sedunia (WHO) melaporkan kejadian wabak *MERs-CoV* telah melanda Negara Timur Tengah dan telah merebak ke Negara Republik Korea. Kes pertama di Republik Korea telah dikesan pada 20 Mei 2015.

2. Operator pelabuhan, agensi perkapalan, pemilik jeti persendirian dan pengguna pelabuhan perlu **memaklumkan** pada Pejabat Kesihatan Pelabuhan dengan mengemukakan borang pengisytiharan '*Maritime Declaration of Health*' (rujuk lampiran) sekiranya terdapat:

- i. Kapal-kapal dari Negara Timur Tengah dan Republik Korea yang tiba dalam tempoh 14 hari di Johor Port Berhad (JPB), Pelabuhan Tanjung Pelepas (PTP) atau mana-mana jeti persendirian yang berkaitan;
- ii. Anak-anak kapal yang '*sign on*' dalam tempoh 14 hari dari Negara Timur Tengah dan Republik Korea; dan
- iii. Mana-mana anak kapal atau penumpang yang mengalami gejala demam dan jangkitan respirator (seperti batuk dan kesukaran bernafas).

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IBU PEJABAT (PASIR GUDANG)	: 07-253 4000 (TEL.) 07-251 7684 (FAKS)
PEJABAT PERHUBUNGAN LPJ (TG. PELEPAS)	: 07-507 1978 (TEL.) 07-5071976 (FAKS)
TERMINAL FERI CHANGI, SINGAPURA	: 02-6545 3230 (TEL.) 02-6545 3231 (FAKS)
LAMAN WEB	: <a href="http://www.lpj.gov.my">http: www.lpj.gov.my</a> email : <a href="mailto:admin@lpj.gov.my">admin@lpj.gov.my</a>

3. Pejabat Kesihatan Pelabuhan boleh dihubungi melalui talian berikut:
- i. **Pejabat Kesihatan Pelabuhan Pasir Gudang** (Johor Port Berhad).  
Nombor telefon pejabat dan faksimili : 072511161.
  - ii. **Pejabat Kesihatan Pelabuhan Tanjung Pelepas (PTP)**  
Nombor telefon pejabat : 075071757 / 075133087  
Nombor faksimili pejabat : 075071767
4. Agen perkapalan perlu memaklumkan kepada kapten kapal untuk pengasingan anak kapal atau penumpang yang sakit atau menghidap simptom-simptom seperti di atas. Penggunaan sarung tangan dan penutup mulut adalah diwajibkan semasa mengendalikan anak kapal atau penumpang yang disyaki.
5. Sebarang pertanyaan berhubung notis ini boleh dimajukan kepada 072534000 sambungan 4051, 0197544000 atau emel kepada [syahrir@lpj.gov.my](mailto:syahrir@lpj.gov.my).

Sekian, terima kasih.

#### PROFESIONALISME MEMANTAPKAN PERKHIDMATAN

Yang benar,

  
.....  
**MUHAMMAD RAZIF BIN AHMAD**  
Pengurus Besar  
Lembaga Pelabuhan Johor  
✉ [razifahmad@lpj.gov.my](mailto:razifahmad@lpj.gov.my)

No Dokumen: 154822

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:  
.....

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 infectious 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.

Signed.....

Master

Countersigned.....

Ship's Surgeon (if carried)

Date.....

