



Port health controls in Brazil

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Practical Guidance

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Foreword

Apart from potential public health risks and other hazards, vessels failing to meet the health authority's stringent hygienic-sanitary standards and documentary requirements may be subject to health measures and potentially face penalties, delays, and operational disruptions.

Drawing from our long-standing practical experience handling incidents and claims related to ship health and sanitation matters, we have prepared this guide that provides comprehensive information on port health controls in Brazil. It covers the regulatory framework, port health clearance procedures, response to incidents involving stowaways from affected areas, death at sea, and defences available against port health fines.

This publication has been organised in an easy-to-consult format. It aims to serve as a valuable reference source for clients and associates, noting that it is not a substitute for legal advice and should not replace or override existing rules and guidelines issued by international and national authorities, flag states, and liability insurers.

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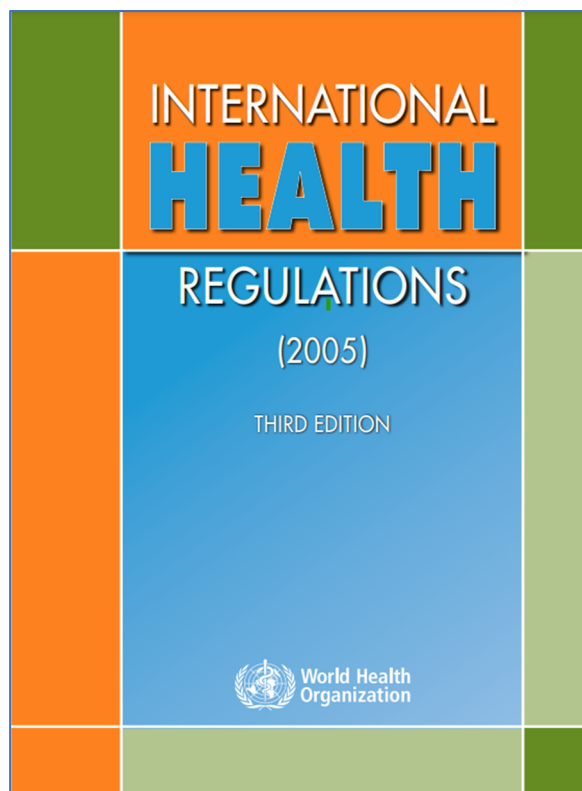
Commercial vessels calling at Brazilian ports are subject to strict port health controls exercised by the Ministry of Health through the National Health Surveillance Agency (ANVISA), the federal regulatory agency responsible for enforcing international and domestic health regulations, granting free pratique and ship sanitation certificates.

While Brazil follows the broad principles outlined in the WHO International Health Regulations, its domestic regulations on port health controls are profuse and often intricate.

1. Regulatory framework

1.1. International health regulations

The International Health Regulations of 2005 (IHR 2005), adopted by the World Health Organization (WHO) and enforced in 2007, aim to “prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade”¹.



International Health Regulations (2005), 3rd Edition. Source: WHO

Brazil, as a Member of the WHO and the Pan American Health Organization (PAHO), upholds the purpose and principles of the IHR 2005 and introduced them into its legal system in 2009². The IHR 2005 is the backbone of the national health and sanitary regulations on surveillance and control of airports, ports, ground crossings, aircraft, ships, and other conveyances.

1.2. National healthcare system



According to the Federal Constitution of Brazil, healthcare is considered a fundamental right and a duty of the State. The executive branch at all federation levels regulates and controls public and private health activities and services in the country. Through the *Ministério da Saúde* (Ministry of Health) and state and municipal health departments, the government is responsible for implementing precautionary measures to avoid or minimise the spread of diseases and other public health risks at Brazil’s entry points³.

¹ Article 2 of the WHO International Health Regulations, 2005 (IHR 2005), issued by the World Health Organisation (WHO)

² IHR 2005 was approved by the Legislative Decree no. 395 of 2009 as the “Regulamento Sanitário Internacional (RSI 2005)”

³ Under the IHR 2005 definition, a public health risk means “... a likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger” (article 1 of IHR 2005)

The Brazilian public healthcare system is framed around the *Sistema Único de Saúde* – SUS (Unified Health System), managed by the Ministry of Health, which is tasked with coordinating the system and formulating, financing and monitoring public health policies and actions in collaboration with the *Conselho Nacional de Saúde* (National Health Council).

1.2.1. Port health authority

The federal government holds jurisdiction over sanitary and epidemiological regulation and surveillance at ports, airports, and ground crossings through the *Sistema Nacional de Vigilância Sanitária* (National System of Health Surveillance). These duties, among others, are exercised by the *Agência Nacional de Vigilância Sanitária* – ANVISA (National Health Surveillance Agency), which is the National IHR Focal Point (NFP) responsible for enforcing the IHR 2005 in Brazil. ANVISA’s role includes sanitary controls of commercial ships and platforms in Brazilian jurisdictional waters and granting free pratique and ship sanitation certification through the so-called “IHR-authorized ports”.



1.2.2. Domestic health regulations

At the federal level, health-related matters are regulated by an intricate set of laws, ordinances, and resolutions, some of which significantly influence the movement and operation of ships calling at Brazilian ports. The core technical regulation concerning health controls in national ports is outlined in ANVISA’s Resolution RDC nº 72 of 2009⁴, as amended. RDC 72/2009 comprehensively regulates the entry, stay, and operation of vessels in Brazil. The regulation enforces health measures⁵ and documentary requirements based on the IHR 2005 and domestic laws and regulations.

The non-exhaustive list below features the backbone of port health regulations in Brazil.

Regulation*	Subject
Law-Decree 2,848/1940 (Criminal Code)	Crimes against public health
Law 6,259/1975	Provides for the organisation of actions of Epidemiological Surveillance on the National Immunization Program and establishes rules for compulsory notification of diseases that may require isolation or quarantine under the IHR 2005 and domestic regulations
Law 6,437/1977	Regulates infractions to federal health regulations and establishes the corresponding penalties
Law 9,782/1999	Establishes the National Sanitary Surveillance System and creates the National Health Surveillance Agency (ANVISA)
ANVISA RDC 21/2008	Provides for guidance and control of travellers’ health in ports, airports, ground crossings and customs-bonded spaces
ANVISA RDC 56/2008	Technical regulation of good sanitary practices in solid waste management in the areas of ports, airports, ground crossings and customs-bonded spaces

⁴ *Resolução da Diretoria Colegiada* (Collegiate Directorate Resolution) - RDC no. 72 of 2009, as amended, by ANVISA (ANVISA RDC 72/2009)

⁵ Under the IHR 2005 definition, a health measure means “...procedures applied to prevent the spread of disease or contamination; a health measure does not include law enforcement or security measures” (article 1 of IHR 2005)

Decree 395/2009 (IHR 2005)	Approves the IHR 2005 seeking to prevent, protect against, control, and provide a public health response against international spread of diseases, proportionate and limited to the risks to public health, with minimum interference with international travel and trade
ANVISA RDC 72/2009	Technical regulation to promote health in ports, port installations, ships and platforms in Brazilian jurisdictional waters
Law 12,305/2010	Establishes the National Policy on Solid Waste
Decree 7,616/2011	Provides for the declaration of a Public Health Emergency of National Concern and establishes the National Strength Unified Health System (FN-SUS)
ANVISA RDC 661/2022	Provides for good sanitary practices in solid waste management in ports, airports, ground crossings and customs-bonded spaces
ANVISA RDC 662/2022	Provides for sanitary control and inspection of the transfer of human remains in Brazilian ports, airports and ground crossings
ANVISA RDC 664/2022	Provides for good sanitary practices for the water supply system or collective alternative solution for water supply in ports, airports and ground crossings
ANVISA Sanitary Guide for Cruise Ships, v. 4, 2023	A facultative, unbinding regulatory instrument issued by the port health authority with recommendations and guidance to cruise ships calling at Brazilian ports
ANVISA RDC 789/2023	It revoked Resolution RDC 754/202, which required proof of vaccination or negative COVID-19 tests or face masks to embark or disembark at Brazilian ports and airports, given the WHO declaration that the coronavirus (SARS-CoV-2) pandemic was no longer a public health emergency of international concern (PHEIC).

* in Portuguese only

2. Port health documents

Under the International Health Regulations of 2005 (IHR 2005), vessels, crews, and passengers engaged in international traffic must possess a mandatory set of health documents when trading in countries that are part of the World Health Organization (WHO). Basic IHR 2005 health documents comprise the Certificate of Vaccination or Prophylaxis, the Maritime Declaration of Health and the Ship Sanitation Certificate.

2.1. Certificate of vaccination or prophylaxis

All crewmembers and passengers must have an International Certificate of Vaccination or Prophylaxis (ICVP)⁶ with evidence of vaccination according to relevant entry requirements. [Annexe I](#)

The vaccination certificate must:

- ✓ be issued in the WHO format and written in any language besides English or French
- ✓ be signed and dated by the health supervising clinician/health worker
- ✓ bear the official stamp of the authorised administering centre
- ✓ include the name of the manufacturer, the batch number and the date of application
- ✓ be free of erasures or amendments, with all required fields completed.

Failure to possess the ICVP with evidence of vaccination, when one is required, may result in the need for immunisation and a fine against the carrier.

2.1.1. Application

Yellow fever vaccination⁷ is freely available from public clinics under the Unified Health System (SUS). The International Certificate of Vaccination or Prophylaxis in the IHR 2005 format can be downloaded and verified from the Ministry of Health website free of charge.

While no vaccination is currently required for entry into Brazil, the WHO recommends yellow fever vaccination when visiting endemic areas for this mosquito-borne disease, such as the Amazon, Iguazu Falls, and cities in the states of São Paulo, Rio de Janeiro, and Minas Gerais⁸.

2.1.2. Validity

The international certificate of vaccination or prophylaxis remains valid until the expiry date indicated for the vaccination or prophylaxis administered. In the case of yellow fever vaccination, the certificate's validity extends for the life of the person vaccinated.

2.2. Maritime declaration of health

Before the vessel arrives at the destination, the master (or ship's surgeon if one is carried) must assess the state of health of the crew and passengers and complete the Maritime Declaration of Health (MDH)⁹ in the WHO format. The MDH should outline the actual prevailing sanitary conditions of the vessel, including reports of deaths, bodily injuries, other medical events, and health measures implemented during the sea passage. The shipping agent must upload the MDH and other health-related documents to the Paperless Port system (PSP)¹⁰ for ANVISA to issue the free pratique certificate (CLP). [Annexe II](#)

⁶ Article 36 of IHR 2005

⁷ Yellow fever is the only disease specifically designated in the IHR 2005 for which proof of vaccination or prophylaxis may be required for travellers as a condition of entry into some countries

⁸ Although no treatment is offered for the yellow fever virus, a safe, affordable, and single-dose vaccine can prevent the infection and provide lifelong immunity without needing a booster dose or revaccination; it takes effect after 10 days of administration. The WHO website provides a list of Brazilian states where yellow fever vaccination is recommended before travel (<https://www.who.int/travel-advice>)

⁹ Article 37 of IHR 2005; Article 9 of ANVISA RDC 72/2009, as amended

¹⁰ *Porto Sem Papel* – PSP (Paperless Port) is a single-window electronic system managed by the federal government through which carriers and cargo interests furnish mandatory documents to the intervening regulatory agencies and governmental authorities

Should stowaways be discovered on board, their presence and the port from which they boarded should be documented in the MDH. Similarly, the declaration should report deaths not caused by accidents during the voyage and individuals with suspected infectious diseases. **Sections 4.2 & 4.3**

2.3. Ship sanitation certificates

With the introduction of the IHR 2005, the Deratting Certificate and Deratting Exemption Certificate issued under the International Health Regulations of 1969 (IHR 1969) were phased out in 2007 and replaced by the more comprehensive regime for ship sanitation certification under the latest regulations¹¹. **Annexe III**

2.3.1. International certificates (SSCC/SSCEC)

Two types of ship sanitation certificates can be issued by IHR-authorized ports under the IHR 2005, namely:

Ship Sanitation Control Certificate (SSCC)	An SSCC is issued when there is evidence of public health risk and when health measures have been satisfactorily completed. The evidence found and control measures are recorded in the SSCC.
Ship Sanitation Control Exemption Certificate (SSCEC)	An SSCEC is issued when no evidence of public health risks is found, and the competent authority is satisfied that the ship is free from infection and contamination, including vectors and reservoirs.

Unlike the decommissioned deratting certificates, the SSC is not limited to controlling rodents. It aims to identify and record evidence of shipboard health and sanitary conditions. It requires the application of inspection procedures and techniques to prevent and control public health risks¹².

2.3.2. National certificates (CNCSB/CNICSB)

Brazilian-flagged vessels and manned platforms that operate exclusively in Brazilian waters must have either a valid National Ship Sanitation Control Certificate (CNCSB) or a National Ship Sanitation Control Exemption Certificate (CNICSB) unless they already have a valid SSCC or SSCEC. The CNCSB and CNICSB follow WHO standards but are only issued in Portuguese¹³. **Annexe IV**

2.3.3. Renewal and extensions

All Brazilian IHR-authorized ports can issue ship sanitation certificates or grant extensions. At ANVISA's discretion, a sanitary inspection is required for vessels to be issued with SSCs. Sanitary inspections must be booked through an application form uploaded to the PSP system as soon as possible before the ship's estimated arrival. **Section 3.1**

2.3.4. Validity

International (SSCEC/SSCC) and national (CNCSB/CNICSB) ship sanitation certificates are valid for up to 180 days, and control measures must be completed before applying for a new certificate. The certificate may be extended only once for 30 days after the expiration date if the required inspection for renewal or control measures cannot be accomplished at the port of arrival¹⁴.

¹¹ Article 39 of IHR 2005; Article 26 of ANVISA RDC 72/2009

¹² Although the deratting certificates were phased out long ago, the vessels must still implement and maintain an adequate integrated vector management plan (IVM) that includes documentary evidence of deratting and disinsection

¹³ Article 27 of ANVISA RDC 72/2009

¹⁴ Article 39, § 1, of IHR 2005; Article 28 of ANVISA RDC 72/2009

SSCs issued or extended by institutions or organisations whose names are not mentioned in the so-called 'IHR List of Authorised Ports'¹⁵ or issued by unauthorised third-party contractors will be rendered invalid, and a sanitary inspection will be required. **Sections 3.1 & 4.4**

2.3.5. Exemption

The following ships are exempted from the need to have a ship sanitation certificate:

- Non-commercial fishing boats and leisure crafts
- Brazilian Navy vessels and ships invited by the Brazilian Navy without commercial interests
- Unmanned platforms located within Brazilian waters.

2.4. Certificate of free pratique

Foreign-flagged commercial ships engaged in international trade must obtain a free pratique to enter Brazilian ports, embark or disembark crews and passengers, discharge or load cargo or stores, and receive shore visitors and contractors. ANVISA grants a certificate of free pratique (CLP) following analysis and assessment of operational and hygienic-sanitary conditions prevailing on board, based upon a review of the health documents tendered by the shipmaster through the shipping agent.

At the local authority's discretion, the documentary review may be complemented by a physical inspection of the ship and its facilities, whether at anchorage or alongside. **Sections 3.1 & 3.2**

Following a documentary analysis, the ship will receive the CLP by radio without a physical shipboard inspection if ANVISA finds no evidence of a health risk. Yet, she will remain under health surveillance and subject to inspections throughout her port stay. When a sanitary inspection is required and satisfactorily completed, ANVISA issues the CLP on board. **Annexe V**

2.4.1. Application

Passenger and cargo ships in international trade must apply for the free pratique certificate at an ANVISA station at the first Brazilian port of call and have their movements in and out of national ports and anchorages duly updated in the PSP system.

Application for a free pratique must be made between 48 to 24 hours before the vessel's estimated arrival by uploading a specific form to the PSP system. In ports where ANVISA stations are only open on business days, the CLP can be requested up to 72 hours in advance¹⁶. The application form must be accompanied by digitised copies of the Maritime Declaration of Health, crew list, ship sanitation certificate, and medical logbook covering the last 30 days¹⁷.

2.4.2. Validity

For vessels operating in international trade, the CLP will be issued in the first Brazilian port and will remain valid during their stay. ANVISA stations in subsequent ports of call on the same voyage would not issue a new CLP but validate the one already issued by granting inward clearance in the PSP system unless there is an intercurring health event on board.

Nevertheless, even possessing a valid free pratique certificate, vessels must still comply with eventual sanitary measures and relevant port health regulations. ANVISA may order a ship off the berth to a designated location or anchorage in case of justifiable public health risk.

¹⁵ The IHR List of Authorised Ports can be downloaded from the WHO public website at: https://extranet.who.int/ihr/poedata/data_entry/ctrl/portListPDFCtrl.php

¹⁶ A ship in a deviation or distress call is exempt from complying with these timeframes, and so are vessels whose port passage time is less than 24 hours (Article 21 of RDC 72/2009)

¹⁷ In case of no medical records in the last 30 days, the master or crew member designated by him must certify in the ship medical logbook, after the date of the last record, the absence of any health incident on board

2.4.3. Exemption

The following types of navigation and ships are exempt from carrying a free pratique certificate:

- Cabotage and inland navigation
- Maritime and port support ships
- Non-commercial fishing boats and leisure crafts
- Brazilian Navy vessels and ships invited by the Brazilian Navy without commercial interests
- Fixed platforms located within Brazilian waters
- Vessels laid up due to repairs, judicial blockage or unseaworthiness, and trawlers out of operation due to fishing restrictions
- Barges and ferries

Exempted vessels must notify the health authority immediately in case of shipboard health events, including personal injury and accidents involving dangerous goods¹⁸. **Section 5.1**

2.5. Notice of arrival

Although vessels trading in cabotage, port and maritime support navigation, and inland navigation exclusively within Brazilian waters are exempt from free pratique, they must tender a notice of arrival to ANVISA¹⁹. **Annexe VI**

This free-of-charge process aims to reduce operation costs by enabling automatic clearance for incoming vessels to dock and operate while keeping track of essential information to enforce health measures in cases where a potential health risk is identified.

2.5.1. Application

Vessels exempt from the CLP must tender the notice of arrival between 72 and 12 hours before the estimated arrival and provide, through the PSP system, digitised copies of the Maritime Declaration of Health, crew list, ship sanitation certificate, and medical logbook covering the last 30 days²⁰. Once the notice of arrival is submitted, the vessel can proceed directly to the berth for loading or unloading cargo and stores or for embarking and disembarking crew and passengers.

2.5.2. Exemption

The following types of navigation and ships are exempt from tendering a notice of arrival²¹:

- Non-commercial fishing boats and leisure crafts
- Brazilian Navy vessels and ships invited by the Brazilian Navy without commercial interests
- Unmanned platforms located within Brazilian waters
- Vessels laid up due to repairs, judicial blockage or unseaworthiness, and trawlers out of operation due to fishing restrictions
- Barges and ferries

Regardless of the exemption of notice of arrival, all ships remain subject to sanitary inspections at any time. Exempted vessels must notify the health authority immediately in case of shipboard health events, including personal injury and accidents involving dangerous goods²². **Section 5.1**

¹⁸ Articles 20 & 25 of ANVISA RDC 72/2009

¹⁹ Article 16 of Law 14,301/2022; Article 30-A of RDC 72/2009

²⁰ In case of no medical records in the last thirty days, the master or crew member designated by him must certify in the ship medical logbook, after the date of the last record, the absence of any health incident on board

²¹ Article 30-B of ANVISA RDC 72/2009

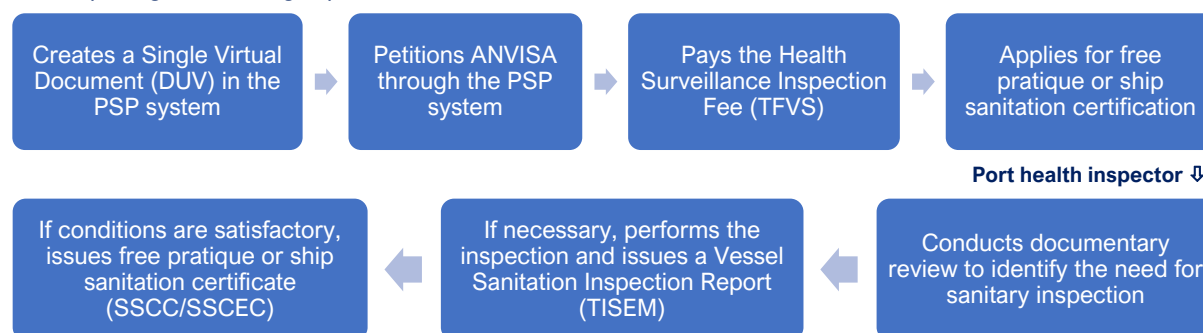
²² Articles 20 & 25 of ANVISA RDC 72/2009

3. Port health clearance

3.1. Requirement

Commercial ships in international trade must apply for free pratique at the first Brazilian port of call by submitting copies of relevant port health documents and supplementary information as required by the port health authority, ANVISA. They must also carry a ship sanitation certificate, which must remain valid throughout their stay in Brazil. **Sections 2.3 & 4.4**

Carrier (through the local agent) ↓



Procedures for applying for free pratique or SSC with or without sanitary inspection. Source: ANVISA

Depending on health risk assessment, ANVISA may request a physical sanitary inspection or re-inspection of the vessel to grant free pratique, renew ship sanitation certificates, investigate public health events, or implement health measures and controls, in which case the health authority will issue a *Notificação de Inspeção* (inspection notification)²³. **Annexe VII**

3.1.1. Application

The local shipping agent applies for port health clearance or inspection for issuance of ship sanitation certificates by uploading the application form and mandatory health-related documents to the Paperless Port system (PSP), where the vessel's call history is stored in a data concentrator, the so-called *Documento Único Virtual – DUV* (Single Virtual Document) that remains visible to stakeholders concerned and other intervening authorities.

In Principle, sanitary inspections are scheduled according to the chronological order of arrival. However, some vessels, such as passenger ships, have priority. Sanitary inspections are typically performed on weekdays during business hours unless there is a significant shipboard health event or medical emergency²⁴. **Sections 2.3 & 4.4**

3.1.2. Place of inspection

At the discretion of ANVISA's inspectors, sanitary inspections may take place alongside, which is the case for some large ports, or at designated anchorage areas, usually at the first pilot station after arrival, provided that sea and weather conditions are favourable, particularly in cases where:

- i) The ship arrived from affected areas for transmissible diseases;
- ii) Documentary information provided is incomplete or insufficient to establish the health status of the vessel; or
- iii) There is suspicion or evidence of health events on board, including death or risk factors for public health, justifying additional health measures.

²³ Article 10-A of ANVISA RDC 72/2009

²⁴ ANVISA conducts inspections in most major ports on weekdays from 08:00 to 17:00 hours (in some ports from 09:00 to 16:00 hours). The actual working hours of the port must be checked with the local agent before the vessel's arrival, and the inspection planned well in advance

When taking place alongside a pier or berth, the sanitary inspection only starts when the vessel is moored all fast, and the gangway ladder is rigged (with a safety net) and firmly resting on the shore or shore structure.

The health authority may authorise the ship to berth for the physical inspection; however, no cargo, stores or people may be moved until free pratique is granted unless there is an emergency health event, justifiable incident, or a minimum manning is required to come ashore to ensure the ship's safe operation, in which case ANVISA must be informed as soon as possible. **Section 4.1 & 4.2**

Unless the applying ship holds a valid ship sanitation certificate and free pratique, it should wait for the health clearance in a designated anchorage area or a layby berth, as directed by ANVISA, considering navigation, safety, and health risk factors, and with the Quebec flag hoisted²⁵.

3.1.3. Payment

Settlement of the *Taxa de Fiscalização de Vigilância Sanitária* - TFVS (Health Surveillance Inspection Fee) for the issuance of free pratique certificates, renewal or extension of ship sanitation certificates and other port health services is made only through tax collecting bank slips payable through the official banking system. No payment is made directly to port health inspectors.

Apart from the port health fees, the shipowner, through the local agents, is responsible for arranging and paying for transportation costs to reach the vessel and expenses incurred by implementing additional health measures as directed by ANVISA upon completion of the sanitary inspection.

3.2. Sanitary inspection

The sanitary inspection for clearance or issuance of ship sanitation certificates consists of two parts: a review of the documentation provided by the master and, if necessary, a physical examination of all relevant areas, equipment, facilities, shipboard systems and control plans existing on board.

3.2.1. Documentary review

The first part of the inspection comprises a technical analysis of the vessel's certificates, records and logs on sanitary and health-related controls and perusal of management plans for potable and recreational waters, ballast water, solid waste, vectors and reservoirs control, air quality, sewage, medical facilities, accommodations and housekeeping.

Category	Document
a) IHR 2005 documents	<ul style="list-style-type: none"> ▪ Maritime Declaration of Health (MDH) * # ▪ Ship Sanitation Certificate (SSCEC or SSCC) * #
b) IMO forms and certificates	<ul style="list-style-type: none"> ▪ General Declaration ▪ Crew List/ Passenger List * ▪ Crew's Effects Declaration ▪ Ship' Stores Declaration ▪ Cargo Declaration/Dangerous Goods Manifest ▪ International Sewage Pollution Prevention Certificate (ISPP) #
c) Shipboard management plans	<ul style="list-style-type: none"> ▪ Water Safety Plan (or Water Management Plan) ** ▪ Ballast Water Reporting Form/Ballast Water Record Book * # ▪ Waste Management Plan # ▪ Food Safety Plan/Standard Operating Procedures (SOP) *** # ▪ Integrated Vector Management Plan + # ▪ Garbage Management Plan/ Garbage Record Book # ▪ HVAC System Management Plan ++ # ▪ Ship Cleaning and Disinfection Plan #

²⁵ Articles 19 & 20 of ANVISA RDC 72/2009

d) ANVISA forms and documents

- Notice of Arrival (for cabotage and inland navigation only)
- Certificate of Free Pratique - CLP from last port, if any * #
- Vessel Sanitation Inspection Report - TISEM from last port, if any #
- Application for Certificate of Free Pratique or Ship Sanitation * #
- ANVISA Ballast Water Reporting Form * #
- Hospital/Medical Logs * +++ #
- Narcotics List/Medicines List #
- Sewage plant manufacturer’s instruction manual (or documented information on the type of storage, treatment and discharge) #

Mandatory for issuance/extension of ship sanitation certificate

* Mandatory for granting of free pratique

** Including potable water analysis reports

*** Including temperature record logs

+ Including records and logs of periodical maintenance

++ Including records and logs of vector and reservoir control

+++ Including records of health events for the last 30 days, if any

The non-exhaustive list above features the documents that must ordinarily be submitted along with the application form for scrutiny by ANVISA inspectors.

3.2.2. Physical inspection

The second part of the sanitary inspection consists of physically examining critical areas of the ship to observe the prevailing hygienic-sanitary conditions, test equipment, collect samples of water and food, and verify the effectiveness of management plans to confirm that all points of hygiene and health concerns have been identified and that control measures have been implemented, or corrective actions have been applied where necessary.

While international and domestic health regulations apply equally nationwide, the rigour exercised in their interpretation and enforcement may vary regionally and subjectively. Shipmasters must, therefore, ensure that the vessel is always prepared to undergo and pass a thorough inspection to confirm compliance with stringent hygienic-sanitary standards.

Ship officers assigned to accompany ANVISA inspectors must be well-versed in the processes and management plans applied to the areas to be inspected and able to objectively answer and clarify health inspectors’ questions. Some inspectors may not be fluent in English, so the local shipping agent should ideally be present to assist with translations.

Officers and crewmembers participating in the inspection must wear and ensure that visitors wear appropriate personal protective equipment (PPE) and adhere to the ship security plan (SSP).

The table below provides non-exhaustive guidance on points frequently verified during a thorough sanitary inspection, as well as the common sources of deficiencies that may lead to the need for corrections, re-inspections, and potential fines for breach of port health regulations.

Item/location	Condition
a) Quarters	<ul style="list-style-type: none"> ▪ All living quarters must have proper ventilation and lighting, be kept clean, and be maintained in good hygienic and sanitary conditions, free from vectors. ▪ Seafarers must be afforded decent working and living conditions complying with relevant ILO standards²⁶. ▪ Toilets must have running water and hand-washing and drying facilities (including liquid soap and paper towels). Flushing systems must be free of leaks, overflows, and backups.

²⁶ Article 49 of ANVISA RDC 72/2009; ILO Maritime Convention 2006

Item/location	Condition
<p>b) Hospital and medical facilities</p>	<ul style="list-style-type: none"> ▪ Brazilian-flagged vessels engaged in long-haul navigation are required to have a nurse on board. For passenger ships engaged in coastal voyages lasting longer than 48 hours and cargo ships sailing for longer than 72 hours, it is also mandatory to embark a nurse²⁷. ▪ Ships sailing for more than 72 hours or carrying more than 100 people must be staffed with medical professionals and equipped with dedicated healthcare facilities. These must be clean, ventilated, well-lit, free of pests, and maintained in good hygienic conditions²⁸. ▪ Toilets and hand-washing and drying facilities must be available, ideally with hot and cold water. ▪ Medical logs must be kept to record cases of health and medical events with indications of medication dispensed and treatment afforded. ▪ Ships must carry a medical chest and equipment adequate to their type, crew size, type of navigation and duration²⁹. ▪ Expired medicines must be replaced with fresh ones, packaged, segregated in dedicated storage and disposed of according to the waste management plan. ▪ Controlled drugs must be secured to prevent unauthorised access.
<p>c) Galley, pantry, service areas and food stores</p>	<ul style="list-style-type: none"> ▪ All areas must be clean, ventilated, well-lit, free of vectors and reservoirs, and maintained in good sanitation and hygiene conditions according to national and international standards and guidelines³⁰. ▪ A food safety plan based on HACCP³¹ principles must be evidenced in writing. Manuals and standard operating procedures (SOP) for the cleaning, disinfection, and maintenance programs must be available for verification, along with cleaning schedules and logs. ▪ Food handlers and galley crew should be trained in safe food procedures and foodborne disease controls, adhere to personal hygiene practices and wear appropriate clothing and PPE. ▪ Food provisions must be supplied from reputable sources. Purchase receipts, food storage in-out records, and food management logs must be available for verification. ▪ Foodstuffs, including those cooked or processed on board, must display the expiry date, be adequately packaged, segregated and stored in dedicated food-storage places away from sources of infection or contamination, and maintained at adequate temperature. ▪ Raw and prepared food must be kept separate from each other. Food and non-food stores must also be separated. Cleaning chemicals and materials must be duly labelled and locked in dedicated storage away from the food area. ▪ Refrigerators and freezers must have visible thermometers. Temperature records for food storage, cooling logs and thermometer readings must be available for verification³². ▪ The vessel must be equipped with facilities for safe storage of food refuse. Food items must be checked regularly, and any outdated or spoiled food must be discarded per the waste management plan.

²⁷ NORMAM 201/DPC, 2023; ILO Maritime Labour Convention, 2006; IMO STCW 95 Convention, 1995

²⁸ Articles 46 to 48 of ANVISA RDC 72/2009; ILO Maritime Labour Convention, 2006

²⁹ Articles 46 to 48 of ANVISA RDC 72/2009; IMO International Medical Guide for Ships: including the ship's medicine chest. 2007, 3rd Edition

³⁰ Articles 33 to 43 of ANVISA RDC 72/2009; Codex Alimentarius Commission (CAC); ILO Maritime Labour Convention, 2006

³¹ Hazard analysis and critical control points (HACCP) for food safety

³² Articles 31 to 45 of ANVISA RDC 72/2009; WHO IHR 2005: Handbook for Inspection of Ships and Issuance of Ship Sanitation Certificates, 2011

Item/location	Condition
d) Main deck, cargo holds and engine room	<ul style="list-style-type: none"> ▪ The decks, cargo holds, cranes, ventilation ducts, and engine room must be free of food waste, contaminated materials, gases, foreign matters, and reservoirs. ▪ The drainage system must have independent drain lines to discharge to open, unobstructed bilges and wells. ▪ When alongside, the gangway ladder must be adequately and safely landed on the quayside, equipped with a protection net underneath its entire bottom and sides and rat-proofing features. ▪ Effective rat-proofing collars (rat guards) must be tightly installed in all tending lines at a suitable distance from the vessel, able to withstand wind action and regularly monitored and adjusted. ▪ Standing water on deck and in cargo holds, open spaces, depressions, and culverts capable of holding insect larvae and vectors must be eliminated according to the IVM plan. ▪ Service outlets of cold-air and hot-air systems extending from the deck directly into the engine room must have both ends covered with vector-proof protections³³.
e) Potable water	<ul style="list-style-type: none"> ▪ Water supplied for human consumption must meet international potability standards³⁴. ▪ Water collected directly from aquatic environments must be treated before consumption. The treatment process must be monitored and controlled to ensure efficiency and effectiveness. ▪ Storage units and hydraulic installations that provide drinking water must be exclusively intended for this purpose and maintained in satisfactory operational and hygienic-sanitary conditions. ▪ Freshwater tank must be cleaned and disinfected at least once a year or after repairs or dry-docking. Cleaning and maintenance logs must be kept for one year. ▪ Constructional drawings for the potable water system, water safety plan, and drinking water analysis report must be available³⁵.
f) Recreational water facilities	<ul style="list-style-type: none"> ▪ The quality of the water used for recreation on vessels must comply with the conditions required under international standards³⁶, ensuring its safe use without causing harm to the health and well-being of users. ▪ Water should be clear enough for the bottom to be visible, free of floating matter, and debris-free at the bottom of the tank. ▪ Swimming pool water treated with halogenation should contain a free residual halogen content between 1 ppm and 7 ppm. ▪ When disinfecting spas, hot tubs, and similar facilities with chlorine, the free residual content should be between 3 ppm and 10 ppm. If using bromine instead, the residual content should be between 4 ppm and 10 ppm. Other disinfection procedures may be accepted if efficiency can be verified³⁷.

³³ WHO Guide to Ship Sanitation, 2011; WHO IHR 2005: Handbook for Inspection of Ships and Issuance of Ship Sanitation Certificates, 2011

³⁴ Article 52 of ANVISA RDC 72/2009; WHO Guide to Ship Sanitation, 2011; WHO Guidelines for Drinking Water Quality, 2006

³⁵ Articles 50 to 55 of ANVISA RDC 72/2009

³⁶ WHO Guidelines for Safe Recreational Waters Environments, 2006

³⁷ Articles 56 to 59 of ANVISA RDC 72/2009

Item/location	Condition
g) Ballast water system	<ul style="list-style-type: none"> ▪ Ballast water systems must comply with the IMO BWM Convention³⁸, as regulated by NORMAM 401/DPC. A valid Ballast Water Certificate and periodical surveys should evidence compliance. ▪ ANVISA ballast water reporting form (Annexe VIII), IMO ballast water reporting form, ballast water record book, ballast water management plan, and technical information on ballast water treatment must be available for verification³⁹. ▪ Ships with sewage treatment plants not approved by IMO must keep discharge lines and valves closed during port stay. Discharge, if necessary, is subject to the maritime and health authorities' consent. ▪ When there is a specific recommendation or evidence of health risk in a geographic area, the discharge of ballast water collected in these areas into Brazilian waters is subject to ANVISA permission. ▪ No untreated or unexchanged ballast water can be discharged into the port basin, rivers and protected areas⁴⁰. ▪ Failure to comply with the relevant ballast water regulations may result in substantial fines by the maritime authority, which can be cumulative with other sanctions⁴¹.
h) Sewage system	<ul style="list-style-type: none"> ▪ The sewage system must comply with Annex IV of MARPOL 73/78⁴² and the maritime authority standards (NORMAM 401/DPC). ▪ Vessels with an approved and operational sewage treatment plant and a valid ISPP Certificate⁴³ are permitted to discharge effluents within ports, provided bypass and service valves are closed⁴⁴. ▪ Vessels with an uncertified sewage treatment plant must keep all overboard valves and lines, collector ducts, treatment and holding tanks, and drainage ducts closed and sealed during port stay. ▪ Discharge of untreated effluents into anchorages and port areas is strictly prohibited. Sewage not comminuted or disinfected with an approved system must be discharged beyond 12 nm from the land. ▪ If the vessel is equipped with a sewage holding tank, the tank's capacity must be sufficient to accommodate all effluents related to the vessel's operation and the number of persons on board. It must be fitted with a pipeline extending to the tank's exterior for discharging sewage into a reception facility, with the tank drain valves remaining closed and sealed throughout the process⁴⁵. ▪ The sewage treatment plant and associated fittings must be in satisfactory operational and hygienic-sanitary conditions and be subject to systematic cleaning, disinfection and preventive maintenance procedures per the manufacturer's instructions. ▪ The manufacturer's operation and maintenance manual, as well as records and logs of cleaning, disinfection, and maintenance, must be available for verification⁴⁶.

³⁸ IMO International Convention for the Control and Management of Ships' Ballast Water and Sediments, 2004 ("BWM Convention")

³⁹ Articles 62 to 65 of ANVISA RDC 72/2004; WHO Guide to Ship Sanitation, 2011; BWM Convention, 2004

⁴⁰ Article 66 of ANVISA RDC 72, 2009; IMO BWM Convention, 2004; WHO Guide to Ship Sanitation, 2011

⁴¹ Federal Decree 6,514 of July 2008 stipulates fines ranging from BRL 5,000 to BRL 50 million

⁴² Annex IV Prevention of Pollution by Sewage from Ships, 2003, to the International Convention for the Prevention of Pollution from Ship, 1973, as modified by the Protocol of 1978 (MARPOL 73/78)

⁴³ "International Sewage Pollution Prevention Certificate" (ISPP Certificate) issued under MARPOL 73/78

⁴⁴ To release effluents after treatment, visible floating solids in the surrounding waters must not be present nor cause water discoloration.

The sewage treatment plant in operation must be exactly the same as that described in the ISPP Certificate (Article 71 of ANVISA RDC 72/2009)

⁴⁵ If not discharged into a reception facility, sewage that is not comminuted or disinfected using an approved system has to be discharged at a distance of more than 12 nautical miles from the nearest land. The sewage cannot be discharged instantly or with the vessel at anchor but at a moderate flow rate while the ship is underway. (Article 66 to 68 of ANVISA RDC 72/2009)

⁴⁶ Articles 66 to 71 of ANVISA RDC 72/2009

Item/location	Condition
<p>i) HVAC system</p>	<ul style="list-style-type: none"> ▪ Heating, ventilation, and air-conditioning systems (HVAC) must be maintained in good operating conditions and cleanliness. ▪ The compartment housing the return air and renewal air unit must be reserved solely for the HVAC system. ▪ The external air intake must be shielded with a filter, which should be replaced before mixing the external air and return air. ▪ After cleaning and disinfection routines, solid waste should be stored in bags of resistant material with adequate porosity and disposed of according to the solid waste management plan. ▪ Logs relating to HVAC systems' periodic maintenance, operation, cleaning, and disinfection must be available for verification⁴⁷.
<p>j) Vector management</p>	<ul style="list-style-type: none"> ▪ All ship areas must be maintained free of vectors and reservoirs. ▪ An integrated vector management plan (IVM) must be established to delineate pest control, monitoring and inspection strategies. ▪ Chemicals used in the IVM must be duly labelled to include the identification of active substances, expiration date, and manufacturer's directions for dilution and application. ▪ While in ports or anchorages where flies and mosquitoes are prevalent, sleeping quarters, messrooms, dining rooms, recreational areas, and food spaces should be adequately protected. ▪ Refuse stores must be screened or protected with doors tightly closed and regularly inspected to eliminate vermin. ▪ IVM records and logs containing details of the application of approved pesticides and insecticides (methodology, technique applied, dosage, concentration and active substance) must be available for verification.
<p>k) Waste management</p>	<ul style="list-style-type: none"> ▪ A garbage management plan, including procedures for medical and hazardous chemical waste handling, storage and disposal, must be in place, and garbage record books must be kept for at least two years and be available for verification⁴⁸. ▪ Removal of liquid and solid wastes in ports by accredited companies must be authorised by ANVISA beforehand through the PSP system. No solid waste can be discharged into ports and estuaries. ▪ Proper signage must be displayed to notify crew and passengers of waste collection, separation, processing, and disposal processes. ▪ Waste containers must be watertight, non-absorbent and easily cleanable following Annex V of MARPOL 73/78⁴⁹.
<p>l) Housekeeping (cleaning & disinfection)</p>	<ul style="list-style-type: none"> ▪ Procedures for systematic and periodic maintenance, cleaning and disinfection of surfaces and frequently touched areas must be evidenced through a documented cleaning and disinfection plan. ▪ Housekeeping crew must wear PPE when cleaning cabins occupied by ill persons following incidents involving faeces, vomit, urine, and other bodily fluids and contaminants. ▪ All cleaning equipment and materials used in the cleaning and disinfection procedures must be disposed of or disinfected after each use and stored in designated areas⁵⁰.

⁴⁷ Article 60 of ANVISA RDC 72/2009; ILO Maritime Labour Convention, 2006; Annex IV of MARPOL 73/78; WHO Guide to Ship Sanitation, 2011

⁴⁸ Annex V Prevention of Pollution by Garbage from Ships, 1998, to the IMO International Convention for the Prevention of Pollution from Ship, 1973, as modified by the Protocol of 1978 (MARPOL 73/78); ILO Maritime Labour Convention, 2006; WHO Guide to Ship Sanitation, 3rd Edition, 2011; WHO Safe Management of Wastes from Health-Care Activities, 1999

⁴⁹ Articles 73 to 75 of ANVISA RDC 72/2009

⁵⁰ Articles 76 to 78 of ANVISA RDC 72/2009

ANVISA's inspectors usually dictate the inspection sequence and pace; however, the WHO recommends starting in clean areas (inside accommodations) and continuing in technical areas (engine room, cargo holds, water and sewage systems) to avoid cross-contamination from inspection activities⁵¹.

On completion of the inspection, ANVISA issues the *Termo de Inspeção Sanitária da Embarcação* - TISEM (Vessel Sanitation Inspection Report) with details of the physical assessment of the vessel and the conclusion on whether or not the ship meets satisfactory sanitary conditions and whether control measures or re-inspection will be required in the next port. [Annexe IX](#)

⁵¹ WHO International Health Regulations (2005): handbook for inspection of ships and issuance of ship sanitation certificates, 2011

4. Typical health events

4.1. Death on board

While the Federal Police provide immigration clearance for disembarking and transferring human remains in ports and airports, ANVISA conducts sanitary and public health controls. The transfer of human ashes (cremains) does not require these controls.

Under ANVISA's relevant regulation, embalming and transfer of human remains whose death was caused by spongiform encephalitis, hemorrhagic fever or another new infectious disease that may emerge and be identified and classified by the WHO and the Ministry of Health is prohibited⁵².

4.1.1. Collection of evidence

In the event of a death on board a vessel, the ship's operator and master must comply with local regulations and those prescribed by the flag state. Regardless of the circumstances and apparent cause of death, the event must be carefully documented and recorded in the ship's logbook. The shipowner, local agents, authorities, and P&I correspondent must be informed immediately to provide instruction and offer guidance on the initial response.

The steps to be taken and the course of action in collecting evidence will be determined by the circumstances of the death⁵³.

- ✓ If the deceased was already ill, consult the medical records for the nature and course of the illness and the treatment administered.
- ✓ If the person was injured, investigate and record the circumstances and nature of the injury or injuries and treatment afforded. The maritime authority may open an administrative inquiry.
- ✓ If the circumstances of the death are unusual, sudden, or unknown, or if there is suspicion of negligence or wilful misconduct, a criminal investigation may be launched.

The master or ship security officer (SSO) must issue a report detailing the facts and circumstances, their initial findings and actions taken, including eyewitness statements. This information is relevant to assist with the preservation of evidence and response by the local competent authorities – statements taken privately are not legally binding; they need to be taken (or ratified) by a judge or a competent public authority to produce legal effect.

4.1.2. Notice to authorities

The following authorities need to be formally notified about a death on board:

- Port health authority (ANVISA);
- Immigration authority and maritime police (Federal Police);
- Maritime authority (Port Captaincy);
- Consular service of the country of the deceased; and
- Flag State administration

4.1.3. Death scene preservation

If the death is sudden or mysterious, the place where the deceased person was found should be photographed in the presence of at least two witnesses and preserved for eventual crime scene investigation by the Federal Police. If the dead person was lying in a private cabin, the room should be locked after the removal of the corpse. Personal belongings or articles from the deceased's

⁵² Article 8 of ANVISA RDC 662/2022

⁵³ The WHO International Medical Guide for Ships: including the Ship's Medicine Chest, 3rd Edition, 2007, offer detailed guidance and recommendations on signs of death, examination of a dead body, disposal of the body and burial at sea

cabin should be removed from the room once cleared by the authorities. If any items have been removed, they must be inventoried and taken into the custody of the master or SSO for safekeeping and surrender to the authorities.

4.1.4. Corpse preservation

To prepare the body for landing and examination, the crew should strip the corpse of all clothing and store it in a sealed plastic bag. Dentures, rings, piercings, necklaces and other jewellery or objects must be removed and placed in a separate, sealed bag.

The corpse should not be deep-frozen, as it may cause post-mortem damage and fractures during handling, accelerate decomposition, and delay post-mortem examination and preparation for the funeral. To best preserve the dead body for the post-mortem examination, repatriation and funeral service, the following measures must be taken:

- ✓ Wash and dry the corpse unless the shore medical service or health authority advises otherwise
- ✓ Comb out the hair.
- ✓ Straight the arms and legs and interlock the fingers over the thighs.
- ✓ Tie the ankles together to keep the feet perpendicular.
- ✓ Empty the bladder by applying pressure over the lower abdomen.
- ✓ Insert cotton wool into the rectum, nostrils and ears.
- ✓ Take photographs of the corpse before placing it in a body bag.
- ✓ Store the corpse in a refrigerator or cold storage set aside exclusively for this purpose, certainly far away and protected from food stores.
- ✓ Maintain the corpse at a temperature between 0° and 5° Celsius or as instructed by shore medical service or health authority.

4.1.5. Burial at sea

In the event of burial at sea, as a very last resort when the ship is not near a port, and there is a risk of shipboard infection, the master must seek instructions from the shipowner or a proper local authority on how to prepare the corpse for burial, while observing the deceased's religion and the express wishes of the next of kin.

Upon arrival at the first port, the master or a designated officer must provide ANVISA with a statement containing detailed information regarding the death and burial at sea⁵⁴.

4.1.6. Documentary requirements

The following document needs to be secured for processing the disembarking, burial, cremation or repatriation of the corpse, according to the written request of the next of kin, and to instruct official inquiries launched by local authorities:

- The passport and Seafarer Identity Document (SID) of the deceased
- Crew List/ Passenger List/ Supernumerary List/ Stowaway List
- Maritime Declaration of Health (MDH) and Ship Sanitation Certificate (SSCEC or SSSC)
- Certificate of Free Pratique, if any
- List of ports of call within the last 30 days
- Hospital log book for the past 30 days
- Deck log book covering i) the day the death was discovered, ii) 24 hours before, and iii) 24 hours after.

⁵⁴ Article 8 of ANVISA RDC 21/2008

4.1.7. Disembarkation and clearance

After ANVISA's clearance, the body will be disembarked under the supervision of the Federal Police or the Civil Police (investigative state police force). In some states, the person responsible – the shipping agent or a proxy – must file a police incident report with the Civil Police before the corpse can be transferred to a public morgue for the post-mortem examination. A coroner will then conduct an autopsy to determine the cause of death. Thereafter, the corpse will be cleared for transfer to a private funeral service, where it will be prepared for burial, cremation or repatriation according to the specific instructions provided by the next of kin.

4.1.8. Deceased's personal effects

Once cleared by ANVISA and the Federal Police, the deceased's personal belongings should be sorted, identified, packed into a suitable suitcase or travel bag, and inventoried in a packing list signed by the master or SSO and at least two witnesses from the crew.

The luggage should be packed and sealed, and the seal numbers must be recorded in the inventory. If the pieces of luggage cannot be sealed to ensure their inviolability until final customs controls, this should be noted in the packing list. Items not allowed in checked baggage, such as devices containing lithium batteries and flammables, should be packed and inventoried separately. Personal documents (ID, SID, passport and credit cards, among others), pocket money and portable electronic devices, including smartphones, should be packed in sealed envelopes to be hand-delivered to the shipowner's representative, P&I correspondent, or local authorities at the next port.

4.1.9. Official investigations

Sanitary control over the transfer of deceased persons falls under the jurisdiction of ANVISA, which, after receiving the relevant information through the local agents in the Paperless Port system (PSP), issues specific health measures to be implemented.

In the case of a sudden, mysterious death, the Federal Police and the Port Captaincy retain jurisdiction in the criminal and administrative spheres, respectively. After receiving the relevant information and results of any medical examinations determining the cause of death, the authorities will decide whether or not to launch official enquiries. If inquiries are initiated, they are likely to involve shipboard inspections and personal depositions from the ship's master and crew, including the engagement of sworn interpreters and translators, which could cause delays.

4.2. Medical evacuation

While Brazil has a good network of air ambulance services, both jets and helicopters, ship-helicopter medevacs are not commonly available outside the offshore oil fields of Southeast Brazil. Indeed, the Navy handles most shipboard medevacs through helicopters, rendezvous at sea, or a combination of both under the coordination of Salvamar⁵⁵. Most Brazilian ports have no specialised ambulance boat services; regular speedboats carry out most medevacs off ports and anchorage areas.

4.2.1. Permission for medical disembark

Upon request by the local agent directly or through the PSP system, ANVISA will authorise the disembarkation (or removal) of travellers showing clinical signs or symptoms suspected of or with evidence of a public health risk infection or who have suffered an injury and will issue the corresponding *Termo de Controle Sanitário de Viajantes* - TCSV (Term of Health Control of Travellers). [Annexe X](#)

⁵⁵ Salvamar Brasil (MRCC Brazil) is Brazil's maritime Search and rescue service (SAR). It is headquartered in Rio de Janeiro and divided into sub-regions, under the responsibility of regional SAR coordination centres, which assist ships in distress or emergencies through GMDSS resources or directly to Salvamar

Emergency disembarkation and transfer of an ill or bodily injured traveller to a healthcare service ashore may exceptionally be carried out without prior permission from the health authority as long as the event is reported on the PSP system and the TCSV issued as soon as possible. The immigration authority (Federal Police) must also be notified about the emergency medical landing.

4.2.2. Administrative inquiries

Depending on the nature of the signer-off disease, ANVISA may render the vessel an affected conveyance and impose health measures, including isolation of the ship to prevent transmission. The port health authority may allow the affected vessel to depart subject to control measures⁵⁶.

In case of a medical evacuation due to a bodily injury sustained on board, the local maritime authority must be immediately informed. Depending on the nature of the incident, the harbour master may consider opening an inquiry to investigate its circumstances and determine the factors and the party liable for it from a ship safety standpoint. This process entails a shipboard inspection, evidence gathering, crew statements, and engaging third-party contractors, such as interpreters and translators.

4.3. Stowaways

Most vessels arriving with stowaways in Brazil depart from African ports in or around endemic areas for yellow fever and other mosquito-borne diseases, including malaria. Typically, African stowaways do not carry personal identification or a valid vaccination certificate.

As stowaways' health status and potential risks to public health are often undetermined, ANVISA may require a medical examination, including blood sampling for malaria testing in a public referral hospital and implementation of health measures before granting permission for stowaways to land, subject to immigration authority's final consent. If the malaria test results are positive, ANVISA might apply health measures, including testing everyone on board for malaria or other transmissible diseases, evacuating those infected for medical treatment ashore, and disinfecting the vessel.

4.3.1. Procedures after discovery

The master and ship security officer (SSO) should follow the procedures outlined in the ship security plan (SSP) and industry and local guidance to deal with the discovery of stowaways on board. These include collecting evidence concerning the breach of ship security⁵⁷.

A qualified crewmember should perform a head-to-toe examination on the stowaways to check their general appearance, mental and physical conditions, and vital signs. If possible, the SSO should take photographs/videos of any pre-existing bodily injuries before providing treatment on board or ashore. If the stowaways display abnormal clinical conditions or behaviour, the master should seek advice from medical service and record details in the medical logbook.

4.3.2. Notice to authorities

The presence of stowaways and the place where they boarded must be indicated in the Medical Declaration of Health (MDH) submitted to ANVISA. Should they receive medical attention on board or are ill, their complete identification and details of drugs administered and treatment provided should be stated in the schedule attached to the MDH. **Section 2.2**

⁵⁶ Articles 5 & 6 of ANVISA RDC 21/2008

⁵⁷ Proinde publication "Stowaways in Brazil - Practical Guidance" provides an overview of how stowaway incidents are handled in Brazil, the legal regime, and detailed guidance to resolve the case. The guide is available for free download from <https://proinde.com.br/manuals/stowaways-in-brazil-practical-guidance/>

Apart from the port health authority, the discovery of stowaways must also be reported to the immigration authority (Federal Police) and the maritime authority (Port Captaincy) for their decision on whether or not the stowaways will be allowed to land for repatriation or to seek refuge in Brazil.

4.4. Expired ship sanitation certificates

Ship sanitation certificates (SSCs) will be rendered invalid if they are issued or extended at a port not explicitly listed in the so-called “IHR List of Authorised Ports”⁵⁸ by its five-letter UN/LOCODE or if they have been issued by third parties or private companies not expressly accredited to the National IHR Focal Point, even if they conform to WHO standards. **Section 2.3**

If a valid SSC is not presented upon request, or if there is evidence of a public health risk on board, the ship may be subject to health measures as an affected conveyance before being issued an SSC. A vessel cannot occupy an operative berth in certain Brazilian ports without free pratique. This means that in places where the sanitary inspection cannot be conducted at anchorage, the ship must first come alongside a layby berth, if available, to pass a sanitary inspection before being cleared to proceed to the intended berth for operations.

A ship sanitation certificate is valid for six months. Failure to renew or extend it in a timely manner may result in substantial delays and additional costs, far outweighing the expenses associated with the renewal or extension process. Application for SSC renewal or extension can be made up to 30 days before the expiry of the existing certificate.

4.4.1. SSC renewal

SSC renewals in Brazil should be planned carefully. Ideally, the sanitary inspection should be scheduled for 30 days before the expiration date for tramp ships and no less than 15 days for liner ships, noting that some ports can issue extensions but not renewals. Planning well in advance ensures that the vessel arrives at an IHR-authorized port during working hours with a Ship Sanitation Control Certificate (SSCC) or Ship Sanitation Control Exemption Certificate (SSCEC), allowing her to continue operating regularly without any health-related restrictions⁵⁹.

4.4.2. SSC extension

If the inspection cannot be conducted due to time constraints, an extension of the SSCC or SSCEC can be sought from any IHR-authorized port through the PSP system. ANVISA will grant a one-off extension for a maximum of 30 days after the expiration of the existing certificate, provided that the current SSC is valid at the time of extension application and there are no health events on board⁶⁰.

4.5. Affected areas

The Ministry of Health does not require vaccination proof from travellers from affected areas⁶¹ to provide health clearance. Nevertheless, yellow fever vaccination is recommended for travellers visiting affected areas within the country⁶². Additionally, precautions should be taken to prevent mosquito-borne diseases such as dengue, Zika, chikungunya, and malaria, which are endemic in many urban centres across Brazil and the Amazon region. **Section 2.1**

⁵⁸ Ship operators should consult the list of IHR-authorized ports, regularly updated and available from the WHO public website at: https://extranet.who.int/ihr/poedata/data_entry/ctrl/portListPDFCtrl.php

⁵⁹ ANVISA conducts inspections in all major ports on weekdays from 08:00 to 17:00 hours (in smaller ports from 09:00 to 16:00 hours). The actual working hours of the port must be checked with the local agent before the vessel's arrival

⁶⁰ Circular 7/2024/SEI/GGPAF/DIRES/ANVISA of May 2024, by ANVISA's General Management of Ports, Airports, Borders and Bonded Areas

⁶¹ According to the IHR 2005 definition, an 'affected area' means "a geographical location specifically for which health measures have been recommended by WHO under these Regulations"

⁶² WHO website provides travellers with a list of Brazilian states where yellow fever vaccination is recommended: <https://www.who.int/travel-advice>

5. Sanitary and health offences

5.1. Duties and liabilities

Under the relevant port health regulations, the master, acting on behalf of the owners and operators of the vessel, is ultimately responsible to:

- Provide the health authority with information on shipboard health events, including the abnormal appearance of any vectors potentially transmitting diseases, as well as provide clarifications on the transfer of human remains
- Ensure the access ladder is properly rigged with safety nets along its entire length during a health inspection, when applicable.
- Maintain satisfactory operational and hygienic-sanitary conditions in the toilets, changing rooms, and shower rooms, and provide users of collective toilets with disposable articles for personal hygiene and liquid products for hand hygiene.
- Communicate and guide travellers about the current health requirements in force
- Maintain on board the vessel personal protective equipment (PPE) compatible with the cargo and operation performed, and ensure its use by occupationally exposed personnel while also guaranteeing the perfect conditions and maintenance of the PPE
- Cover the expenses incurred with the disembark and repatriation of foreign travellers who do not meet the health requirements for entry into the country⁶³.

IHR 2005 identifies and lists specific international diseases for which port health authorities must be notified. Other diseases of national or regional reach must also be reported if they are considered unusual or unexpected health events with a significant risk of spreading.

Shipmasters or their agents must report to the port health authority, as soon as possible, before arrival at the port of destination any cases of illness indicative of an infectious disease or evidence of a public health risk on board. Failure to report suspected cases of a disease of compulsory notification or proof of a public health risk violates the relevant health regulations. It may subject the offender to administrative, civil and criminal sanctions.

5.2. Sanitary infractions

Under the relevant federal law⁶⁴, deficiencies, nonconformities and offences to the sanitary and health regulations expose the shipowners to penalties that vary from a warning, seizure or destruction of products and interdiction to fines that are levied by ANVISA in the course of administrative proceedings, without prejudice to other civil and criminal liabilities, as applicable.

The possible types of sanitary infractions are detailed in the law, which lists hundreds of potential actions and omissions that may be typified as sanitary infractions and the corresponding legal basis for imposing the respective penalties.

The health authority has a time limit of five years, starting from the year after the violation was verified, to issue a notice of infraction (or deed of infringement) that will trigger the administrative proceeding. Liability for sanitary offences can only be excluded in a fortuitous case or force majeure.

⁶³ Article 82 of ANVISA RDC 72/2009

⁶⁴ Federal Law 6,437 of August 1977, as amended, defines infractions against federal sanitary legislation, establishes the respective sanctions and provides for other matters

5.2.1. Administrative proceedings

ANVISA issues notices of infraction against the vessel’s owners through the local shipping agents.

Upon receipt of the notice, the owners have 15 days to file an administrative defence challenging the fine. They have a right to appeal to a higher administrative instance. If the fine is confirmed following the administrative proceeding, a corresponding bank slip will be issued for payment within 30 days. There is usually a 20% discount if the fine is paid within 20 days in exchange for the infractor waiving the right of appeal.

The decision regarding the defence can take anywhere from weeks to several months to be rendered. Alternatively, the infractor has the right to challenge the imposition of the penalties through the federal court system, in which case the amount of the fines should be deposited into an interest-bearing judicial account until a final and unappealable sentence.

5.2.2. Level of fines

The amount of the port health fine depends on the type and seriousness of the infraction, as detailed in the relevant law⁶⁵. The penalties may be framed in one of three levels of gradation:

Level	Range of fine
Light infraction	▪ From BRL 2,000 to BRL 75,000 – when the infractor may benefit from attenuating circumstances
Serious infractor	▪ From BRL 75,000 to BRL 200,000 – when one aggravating circumstance is verified
Severe infraction	▪ From BRL 200,000 to BRL 1,5 million – when two or more aggravating circumstances are verified

The quantum may be doubled in case of relapsing. Repeat offences are regarded as aggravating circumstances.

5.3. Financial security and undertaking

Since the amount of an eventual fine would rarely be known before the vessel’s departure, shipping agents may request a financial guarantee from the vessel’s Owners to cover them for eventual sanitary infractions verified during the port call, typically by way of a proforma disbursement account.

Letters of undertaking issued by P&I clubs (or the local correspondents on the club’s behalf) are commonly accepted by agents as a form of security for sanitary offences allegedly committed by the vessel.

The reason agents seek security from the shipowners, particularly when charterers have appointed them, lies in the fact that despite long-established legal rulings that a shipping agent is not liable for sanitary or administrative offences committed on board, which understanding has been long settled by the Office of the Attorney-General⁶⁶, ANVISA’s inspectors occasionally issue notices of infraction against the agents instead of the shipowners. In such cases, administrative or judicial appeals should be pursued.

⁶⁵ Article 2 of Law 6,437/1977

⁶⁶ Súmula (Abridgement) no. 50 of 13 August 2010 issued by the Advocacia-Geral da União – AGU (Attorney General of the Union) establishes that “No liability should be attributed to the shipping agent for sanitary or administrative offences performed inside the vessels” (free translation). AGU is the institution that represents the Federal Union judicially and provides legal consultation and assistance to the executive branch

6. Sources of information

6.1. International Maritime Organization (IMO)

- International Convention for the Prevention of Pollution from Ships (MARPOL 73/78) – 1978, as amended
- International Convention for the Control and Management of Ships' Ballast Water and Sediments – 2004



6.2. World Health Organization (WHO)

- WHO International Health Regulations (2005), 3rd Edition – 2006
- WHO Guidelines for Safe Recreational Waters – 2006
- WHO International Medical Guide for Ships: including the ship's medicine chest, 3rd Edition – 2007
- WHO International Health Regulations (2005): Handbook for Inspection of Ships and Issuance of Ship Sanitation Certificates – 2011
- WHO Guide to Ship Sanitation, 3rd Edition – 2011
- WHO Handbook for Management of Public Health Events on Board Ships – 2016



6.3. International Labour Organization (ILO)

- ILO Maritime Labour Convention (MLC 2006) – 2006



6.4. Brazilian Directorate of Ports and Coasts (DPC)

- NORMAM 201/DPC: Maritime Authority Standards for Vessels Engaged in Ocean-going Navigation – 2023
- NORMAM 203/DPC: Maritime Authority Standards for the Operation of Foreign-flagged Vessels in Brazilian Jurisdictional Waters – 2023
- NORMAM 204/DPC: Maritime Authority Standards for the Traffic and Stay of Vessels in Brazilian Jurisdictional Waters – 2023
- NORMAM 401/DPC: Maritime Authority Standards for Prevention of Environmental Pollution Caused by Ships and Platforms – 2023



6.5. Brazilian federal laws

- Law-Decree 2,848/1940 – Penal Code (crimes against Public Health)
- Law 6,259/1975 (Provides for the organisation of Epidemiological Surveillance under the National Immunization Program and establishes rules for the compulsory notification of diseases, among other measures)
- Law 6,437/1977 (defines violations of federal health legislation and establishes corresponding sanctions)
- Law-decree 8,080/1990 (Provides for conditions of promotion, protection and recovery of health, the organisation and functioning of relevant services and other matters)
- Law 12,305/2010 (Establishes the National Policy on Solid Waste, amends Law 9,605 dated 12/02/1988 and other measures)
- Law 9,782/1999 (Defines the National Sanitary Surveillance System, creates the National Health Surveillance Agency, and provides other measures, as regulated by Decree 3,029/1999)
- Decree 7,616/2011 (Provides for the declaration of Emergency Public Health of National Importance and establishing the Unified Health System – SUS)



6.6. National Health Surveillance Agency (ANVISA)

- RDC 345/2002 (technical regulations for Operating Permit from companies interested in providing public health services in land vehicles that operate international transport of passengers, vessels, aircraft, terminals waterways, organised ports, airports, border crossings and customs areas)
- RDC 346/2002 (technical regulation for Special Operating Permit and Operating Permit for companies interested in operating the activity of storing goods under sanitary surveillance in waterways, terminals, ports, airports, ground crossings and customs-bonded spaces)
- RDC 21/2008 (guidance and health control for travellers at ports, airports, border crossings and customs-bonded facilities)
- RDC 56/2008 (technical regulation of good sanitary practices in solid waste management in the areas of ports, airports, ground crossings and customs-bonded spaces)
- RDC 72/2009 (technical regulation to promote health in ports, port facilities, ships and platforms in Brazilian jurisdictional waters)
- RDC 661/2022 (provides for good sanitary practices in solid waste management in ports, airports, ground crossings and customs-bonded spaces)
- RDC 662/2022 (provides for sanitary control and inspection of the transfer of human remains)
- RDC 664/2022 (provides for good sanitary practices for the water supply system or collective alternative solution for water supply in ports, airports and ground crossings)
- Sanitary Guide for Cruise Ships, v. 4, updated 2023 (facultative, non-binding regulatory instrument with recommendations and guidance to cruise ships calling at Brazilian ports)
- RDC 789/2023 (revoked Resolution RDC 754/202, which required proof of vaccination or COVID-19 tests or face masks to embark or disembark at Brazilian ports and airports, given the WHO declaration that the pandemic was no longer a public health emergency of international concern)



7. Conclusion

As described throughout this guide, while Brazil adheres to the broad principles outlined in the International Health Regulations, its domestic port health controls can sometimes be more thorough than those under the WHO regime regarding documentary requirements and compliance standards. Additionally, Brazil's domestic legislation allows for overlapping jurisdiction of the port health and the maritime authorities in matters such as sewage and ballast water management, requiring compliance with specific requirements.

This free publication is designed to help shipowners, masters, operators, and P&I insurers understand Brazil's port health legal and regulatory framework and meet the requirements for health-related incidents that may occur on board merchant ships. We are committed to continuously improving and updating this guide as port health regulations and practices evolve. Your suggestions for changes or additional topics for future editions are sincerely welcome.

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8. Annexes

I. WHO Certificate of Vaccination or Prophylaxis

II. WHO Maritime Declaration of Health

III. WHO International Ship Sanitation Certificate (SSCC/SSCEC)

IV. ANVISA National Ship Sanitation Certificate (CNCSB/CNICSB)

V. ANVISA Certificado de Livre Prática - CLP (Free Pratique Certificate)

VI. ANVISA Comunicação De Chegada (Notice of Arrival)

VII. ANVISA Notificação de Inspeção (Inspection Notification)

VIII. ANVISA Formulário para Informações Relativas à Água Utilizada como Lastro (Ballast Water Reporting Form)

IX. ANVISA Termo de Inspeção Sanitária da Embarcação - TISEM (Vessel Sanitation Inspection Report)

X. ANVISA Termo de Controle Sanitário de Viajante - TCSV (Term of Health Control of Travellers)

Annexe I. WHO Certificate of Vaccination or Prophylaxis



República Federativa do Brasil
Ministério da Saúde
Agência Nacional de Vigilância Sanitária

CERTIFICADO INTERNACIONAL DE VACINAÇÃO OU PROFILAXIA
INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

Certifica-se que [nome] [redacted]
This is to certify that [name]

Sexo [redacted] Data de nascimento [redacted] Nacionalidade [redacted]
Sex Date of birth Nationality

Documento nacional de identificação, se for o caso
National identification document, if applicable
CPF - [redacted]

Cuja assinatura segue
Whose signature follows

Foi vacinado ou recebeu profilaxia na data indicada contra: FEBRE AMARELA de acordo com o Regulamento Sanitário Internacional
Has on the date indicated been vaccinated or received prophylaxis against: YELLOW FEVER in accordance with the International Health Regulations

Vacina ou profilaxia Vaccine or Prophylaxis	Data Date	Assinatura e título profissional do clínico/agente de saúde supervisor Signature and professional status of supervising clinician/health worker	Fabricante e nº do lote da vacina/profilaxia Manufacture and batch nº of vaccine or prophylaxis	Certificado válido deà..... Certificate valid from.....to.....	Selo oficial do centro administrador Official stamp of administering centre
YELLOW FEVER	[redacted]	[redacted]	[redacted]	[redacted] to LIFE	

Este certificado é válido apenas se a vacina ou profilaxia utilizada foi aprovada pela Organização Mundial da Saúde. Os certificados devem ser assinados por um clínico que supervisione a administração da vacina ou o tratamento profilático, que deverá ser um médico ou outro agente de saúde autorizado. Os certificados devem ter também o selo oficial do centro administrador; no entanto, o selo oficial não substitui a assinatura. Qualquer emenda ou rasura neste certificado ou falta de qualquer informação poderão torná-lo inválido. A validade deste certificado pode ser estendida até a data indicada para a vacinação ou profilaxia. O certificado deve ser escrito em inglês ou em francês. O certificado pode também ser preenchido em outra língua no mesmo documento, além do inglês ou francês.

This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization. This certificate must be signed by the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of administering centre; however, this shall not be an accepted substitute for a signature. Any amendment to this certificate, or erasure, or failure to complete any part of it may render it invalid. The validity of this certificate shall be extended until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.

Este certificado é emitido gratuitamente e deverá ser assinado pelo viajante em conformidade com o documento nacional de identificação.

This certificate is issued free of charge and must be signed by the traveler according to the National Identification document.

Para conferir a autenticidade, escaneie o QR Code.

To verify its authenticity, scan the QR Code.



Documento assinado digitalmente
Data [redacted]
Verifique em <https://validar.it.gov.br>

Annexe II. WHO Maritime Declaration of Health



REPÚBLICA FEDERATIVA DO BRASIL
 MINISTÉRIO DA SAÚDE
 AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA



ANEXO III

DECLARAÇÃO MARÍTIMA DE SAÚDE
 Maritime Declarations of Health

CVPAF/ _____ PP _____
 Nº. _____

Para ser preenchida e entregue às autoridades pertinentes pelos comandantes das embarcações provenientes de portos estrangeiros.

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

Entregue no porto de/ Submitted at the port of		Data/ Date
Nome da embarcação marítima ou de navegação interior/ Name of ship or inland navigation vessel		
Registro/No IMO/ Registration/IMO No	(Nacionalidade)(Bandeira da embarcação) (Nationality)(Flag of vessel)	
Comandante da embarcação /Master's name		
chegando de /arriving from	indo para/ sailing to	
Tonelagem bruta (embarcação marítima) /Gross tonnage (ship)	Tonelagem (embarcação de navegação interior) /Tonnage (inland navigation vessel)	
Certificado de Isenção de Controle/ Certificado de Controle Sanitário válido a bordo? Valid Sanitation Control Exemption/Control Certificate carried on board? <input type="checkbox"/> Sim/Yes <input type="checkbox"/> Não/No		
Emitido em /Issued at	Data Date	Exigência de reinspeção? Re-inspection required? <input type="checkbox"/> Sim/Yes <input type="checkbox"/> Não/No
A embarcação esteve numa área afetada identificada pela Organização Mundial da Saúde? Has ship/vessel visited an affected area identified by the World Health Organization? <input type="checkbox"/> Sim/Yes <input type="checkbox"/> Não/No		
Porto e data da visita à área afetada /Port and date of visit _____ _____		
Lista de portos de escala a partir do início da viagem internacional ou nos últimos trinta dias, se este período for mais curto, com as datas de saída: /List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter: _____ _____ _____ _____ _____ _____		

QUESTÕES DE SAÚDE

Health questions

<p>(1) Houve a bordo algum óbito que não tenha sido causado por acidente? Has any person died on board during the voyage otherwise than as a result of accident?</p> <p>() Sim/Yes () * Não/No</p> <p>*Se houve, coloque os detalhes na planilha anexa./*If yes, state particulars in attached schedule</p> <p>Número total de mortes /Total no. of deaths: _____</p>
<p>(2) Há a bordo, ou houve durante a viagem internacional algum caso de doença com suspeita de ser infecciosa? 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?</p> <p>() *Sim/Yes () Não/No</p> <p>*Se houve, coloque os detalhes na planilha anexa./*If yes, state particulars in attached schedule.</p>
<p>(3) O número total de passageiros doentes durante a viagem foi maior do que o normal/esperado? Has the total number of ill passengers during the voyage been greater than normal/expected?</p> <p>() Sim/Yes () Não/No</p> <p>Quantos doentes? How many ill persons? _____</p>
<p>(4) Há, no momento, alguma pessoa doente a bordo? Is there any ill person on board now? Sim/Yes* Não/No *Se sim, coloque os detalhes na planilha anexa. *If yes, state particulars in attached schedule.</p>
<p>(5) Um médico foi consultado? Was a medical practitioner consulted?</p> <p>() * Sim/Yes () Não/No</p> <p>*Se sim, coloque os detalhes do tratamento ou orientação médica recebida na planilha anexa./*If yes, state particulars of medical treatment or advice provided in attached schedule.</p>
<p>(6) Você tem conhecimento de alguma condição existente a bordo que possa levar a infecção ou disseminação de doenças? Are you aware of any condition on board which may lead to infection or spread of disease?</p> <p>() *Sim/Yes () Não/No</p> <p>*Se sim, coloque os detalhes na planilha anexa./*If yes, state particulars in attached schedule.</p>
<p>(7) Foi aplicada alguma medida sanitária a bordo (p.ex. quarentena, isolamento, desinfecção ou descontaminação)? Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board?</p> <p>() *Sim/Yes () Não/No</p> <p>* Se sim, especificar o tipo, o lugar e a data./ * If yes, specify type, place and date: _____</p>
<p>(8) Algum clandestino foi encontrado a bordo? Have any stowaways been found on board?</p> <p>() *Sim/Yes () Não/No</p> <p>Se sim, onde eles embarcaram (se for conhecido)?* If yes, where did they join the ship (if known)? _____</p>
<p>(9) Há algum animal doente a bordo? Is there a sick animal or pet on board?</p> <p>() Sim/Yes () Não/No</p>
<p>Nota: Na falta de um médico, o comandante deve considerar os seguintes sintomas como base suficiente para suspeitar a presença de uma doença infecciosa:</p> <p>(a) Febre, persistente por vários dias ou acompanhadas por:</p> <ul style="list-style-type: none"> (i) prostração; (ii) diminuição do nível de consciência; (iii) inflamação dos gânglios; (iv) icterícia;

(v) tosse ou dispnéia;
 (vi) hemorragia não usual; ou
 (vii) paralisia.

(b) Com ou sem febre:

(i) qualquer erupção cutânea ou eritema agudo;
 (ii) vômitos intensos (não devido a náusea marítima);
 (iii) diarreia intensa; ou
 (iv) convulsões recorrentes.

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.

Declaro que as informações e respostas às questões fornecidas na Declaração de Saúde (incluindo a planilha) são verdadeiras e corretas, segundo meu conhecimento e entendimento. /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.

Data/Date: _____
 Assinatura – Comandante/Signed – Máster: _____
 Confirmação - Médico de bordo (se houver) /Countersigned – Ship’s Surgeon (if carried): _____

PLANILHA ANEXA AO MODELO DA DECLARAÇÃO MARÍTIMA DE SAÚDE

Attachment to Model of Maritime Declaration of Health

Nome Name	Classe ou nível Class or rating	Idade Age	Sexo Sex	Nacionalidade Nationality	Porto e data de embarque Port, date joined ship/vessel	Natureza da doença Nature of illness	Data do início dos sintomas Date of onset of symptoms	Houve notificação a um médico de um porto? Reported to a port Medical officer?	Resolução do caso * Disposal of case*	Medicamentos administrados ao paciente Drugs medicines or other treatment given to patient Issue*	Comentários Comments

* Indicar: (1) Se a pessoa se recuperou, continua doente ou morreu e (2) se a pessoa continua a bordo, foi removida (incluindo o nome do porto ou aeroporto), ou foi sepultada no mar.

* State: (1) whether the person recovered, is still ill or died; and (2) whether the person is still on board, was evacuated (including the name of the port or airport), or was buried at sea.

Annexe III. WHO International Ship Sanitation Certificate (SSCC/SSCEC)



REPÚBLICA FEDERATIVA DO BRASIL
 MINISTÉRIO DA SAÚDE
 AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA

CERTIFICADO DE ISENÇÃO DO CONTROLE SANITÁRIO DE BORDO / CERTIFICADO DE CONTROLE SANITÁRIO DE BORDO
SHIP SANITATION CONTROL EXEMPTION CERTIFICATE / SHIP SANITATION CONTROL CERTIFICATE
CERTIFICADO DE EXENCIÓN DEL CONTROL DE SANIDAD A BORDO / CERTIFICADO DE CONTROL DE SANIDAD A BORDO

Nome e endereço do órgão responsável pela inspeção (Name and address of inspecting officer/Nombre y dirección del inspector): Agência Nacional de Vigilância Sanitária - CVPAF/ Porto (Port of Puerto de):
 Nome da embarcação (Name of ship or inland navigation vessel)/Nombre de la embarcación): Número de Registro IMO (Registration/IMO/Matriculação Nº OMI):
 No momento da inspeção os portões estavam descarregados/cargueiros com (peso de (peso de (carpa) Bandeira (Flag/Pabellón):
 At the time of inspection the holds were unloaded/loaders with (weight of (weight of (carpa) En el momento de la inspección las bodegas estaban vacías/cargadas con (toneladas de (toneladas de (carpa)

Conforme Solicitação nº. de / de / de este documento registra a inspeção da embarcação supracitada e a emissão Certificado de: **CONTROLE SANITÁRIO DE BORDO Nº.**
 Ship Sanitation Control Exemption Certificate - Certificado de exención del control de sanidad a bordo **ISENÇÃO DE CONTROLE SANITÁRIO DE BORDO Nº.**
 Ship Sanitation Control Certificate - Certificado de control de sanidad a bordo **CONTROLE SANITÁRIO DE BORDO Nº.**

Áreas/serviços/sistemas inspecionados (Areas/servicios/sistemas inspeccionados)	Resultados das amostras (Sample results)	Documentos analisados (Documents reviewed)	Medidas de controle aplicadas (Control measures applied)	Data de re-inspeção (Re-inspection date)	Comentários sobre condições encontradas (Comments regarding conditions found)
ALIMENTOS (Food/Alimentación) Cozinha (Galley/Cocina)					
Higiene Pessoal e Saúde dos manipuladores (personal hygiene and health)					
Suprimento de Água Potável (Drinking water supply)					
Manejo de resíduos sólidos (waste management)					
Preparação (Food preparation)					
Condições higiênicas-sanitárias (hygiene sanitary conditions)					
Área de consumo (Service/Distribuição)					
Condições higiênicas-sanitárias da área (hygiene sanitary conditions)					
Armazenamento (Storage/Pantry - Despensa)					
Boas Práticas de Armazenagem (Good Storage Practice)					
Condições higiênicas-sanitárias (hygiene sanitary conditions)					
INSTALAÇÕES MÉDICAS (Medical facilities/Serviços médicos)					
Condições higiênicas-sanitárias (hygiene sanitary conditions)					
Registros médicos (medical records)					
ALOJAMENTOS (Quarters/habitaciones)					
Condições higiênicas-sanitárias da área (hygiene sanitary conditions)					
ÁGUA POTÁVEL (Potable water/Agua potable)					
Sistema de Reservação e Distribuição de Água (Drinking water system)					
Registros (records)					
EFLUENTES SANITÁRIOS (Sewage/Águas residuais)					
Sistema de Tratamento de Efluentes (Treatment system)					
Registros de Limpeza e Desinfecção (Cleaning and Disinfection Records)					
RESÍDUOS SÓLIDOS (Solid waste/desechos sólidos)					
Acondicionamento/Armazenamento dos resíduos sólidos (waste management)					
Tratamento de Resíduos Sólidos de bordo (Waste treatment and discharge)					
Retirada de Resíduos Sólidos de bordo (Waste Discharge)					
FAUNA SINANTROPICA NOCTIVA (Reservoirs/reservorios y vectores)					
Prevenção (prevent control, including water, odors, food wastes, etc.)					
Prevenção e ou vigilância (prevent or presence of vectors, reservoirs, etc.)					
OUTRAS ÁREAS (Other areas inspected/Outras áreas)					
Falha no controle sanitário de animais e seus excrementos (Animals sanitary control)					
Sala de Máquinas - Condições higiênicas sanitárias (engine room hygiene sanitary conditions)					
Deck - Condições higiênicas sanitárias (deck - hygiene sanitary conditions)					
Princípio e Spas - Condições higiênicas-sanitárias (Swimming pools/spa/whirlpools hygiene sanitary conditions)					
Seu estado de conservação e manutenção em conformidade com as normas de controle (Its condition found, keep record in compliance with control measures. The enforcement was carried out in accordance with the control standards)					
Identificação do Funcionário:					

Medidas de controle indicadas foram aplicadas na data de inspeção (Control measures indicated were applied on the inspection date) / Las medidas de control indicadas se aplicaron en la fecha que figura a continuación.

Annexe IV. ANVISA National Ship Sanitation Certificate (CNCSB/CNICSB)



 REPÚBLICA FEDERATIVA DO BRASIL

 MINISTÉRIO DA SAÚDE

 AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA



 CERTIFICADO NACIONAL DE ISENCÃO DO CONTROLE SANITÁRIO DE BORDO/ CERTIFICADO NACIONAL DE CONTROLE SANITÁRIO DE BORDO

Nome e endereço do órgão responsável pela inspeção: Agência Nacional de Vigilância Sanitária – CVPAF/ Porto: _____
 Número de Identificação/Registro IMO: _____
 Nome da embarcação: _____ Bandeira: _____
 No momento da inspeção os porões estavam descarregados/carregados com _____ (peso) de _____
 Conforme Solicitação n.º _____ de _____ / _____ / _____, este documento registra a inspeção da embarcação supracitada e a emissão Certificado de: _____
ISENCÃO DE CONTROLE SANITÁRIO DE BORDO N.º _____ **CONTROLE SANITÁRIO DE BORDO N.º _____**

Áreas/serviços/sistemas inspecionados	Evidência encontrada	Resultados das amostras	Documentos analisados	Medidas de controle aplicadas	Data de re-inspeção	Comentários sobre condições encontradas
ALIMENTOS						
Cozinha (Galley)						
Higiene Pessoal e Saúde dos manipuladores						
Suprimento de Água Potável						
Manejo de resíduos sólidos						
Preparação						
Condições higiênicas-sanitárias						
Área de consumo						
Condições higiênicas-sanitárias da área						
Armazenamento (Despensa)						
Boas Práticas de Armazenagem						
Condições higiênicas-sanitárias						
INSTALAÇÕES MÉDICAS						
Condições higiênicas-sanitárias						
Registros médicos						
ALOJAMENTOS						
Condições higiênicas-sanitárias da área						
ÁGUA POTÁVEL						
Fonte de Água Potável						
Sistema de Reservação e Distribuição de Água						
Registros (Boards)						
EFLUENTES SANITÁRIOS						
Sistema de Tratamento de Efluentes						
Registros de Limpeza e Desinfecção						
RESÍDUOS SÓLIDOS						
Acondicionamento/Armazenamento dos resíduos sólidos						
Tratamento de Resíduos Sólidos de bordo						
Retirada de Resíduos Sólidos de bordo						
FAUNA SINANTRÓPICA NOCIVA						
Prevenção						
Presença e ou vestígios						
OUTRAS ÁREAS						
Falha no controle sanitário de animais e seus excrementos						
Sala de Máquinas - Condições higiênicas sanitárias						
Deck - Condições higiênicas sanitárias						
Sem evidências encontradas. Embarcação está isenta de medidas de controle.						
Identificação do Funcionário: _____						
Validade: 180 dias						
Medidas de controle indicadas foram aplicadas na data da re-inspeção.						

Annexe V. ANVISA Certificado de Livre Prática – CLP (Free Pratique Certificate)



REPÚBLICA FEDERATIVA DO BRASIL MINISTÉRIO DA
SAÚDE AGÊNCIA NACIONAL DE VIGILÂNCIA
SANITÁRIA



ANEXO VI

CERTIFICADO DE LIVRE PRÁTICA

CVPAF / Posto Portuário de Itaguaí
PP RIO DE JANEIRO
Nº [REDACTED]

Conforme solicitação nº [REDACTED] concedemos a Livre Prática **Via Rádio**, à embarcação [REDACTED] de bandeira **Libéria**, identificada sob o nº. (matrícula/nº. IMO) [REDACTED] estando autorizada a operar embarque e desembarque de cargas e ou viajantes e sujeita à inspeção ou reinspeção sanitária.

Qualquer alteração nas condições sanitárias de bordo ou ocorrência clínica em seus viajantes deverá ser imediatamente comunicada à autoridade.

Validade:

Válida durante a permanência neste Porto de Controle Sanitário.

Saída:

1-Autoriza a Saída da Embarcação, sem exigência(s) sanitária(s) a cumprir neste Porto de Controle Sanitário.

Posto Emissor: Posto Portuário de Itaguaí

Data: [REDACTED] Hora: [REDACTED]

Autoridade Sanitária:

Assinatura:

Nome: [REDACTED]

Matrícula: [REDACTED]

Assinatura:

Nome: Matrícula:

A autenticidade deste documento pode ser verificada no endereço <https://concentrador.portosempapel.gov.br/> informando o seguinte código: [REDACTED]

Annexe VI. ANVISA Comunicação De Chegada (Notice of Arrival)



REPÚBLICA FEDERATIVA DO BRASIL
MINISTÉRIO DA SAÚDE
AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA



ANEXO VII

COMUNICAÇÃO DE CHEGADA

CVPAF/ UF	PP/	Selecione ou Preencha
Nº.		

01	<p>Comunicamos a chegada da embarcação _____, identificada sob nº _____, na data de ____/____/____, no Porto _____, E.T.A. _____.</p> <p>Informamos que possui o Certificado de Livre Prática nº _____, válido até ____/____/____, emitido pelo Posto Portuário _____, em ____/____/____.</p> <p>Informamos que possui o Certificado de Isenção de Controle Sanitário de Bordo (CICSB) ou de Controle Sanitário de Bordo (CCSB) nº _____, emitido pelo (país) _____ válido até ____/____/____.</p> <p>Informamos que possui o Certificado Nacional de Isenção de Controle Sanitário de Bordo (CNICSB) ou Nacional de Controle Sanitário de Bordo (CNCSB) nº _____, válido até ____/____/____, emitido pelo Posto Portuário _____, em ____/____/____.</p> <p>Existem pendências nas medidas sanitárias registradas no Certificado de Controle Sanitário?</p> <p style="text-align: center;"> <input type="radio"/> Sim <input type="radio"/> Não </p>
----	---

2. Informações sobre a viagem	
2.1. Porto de Destino:	2.1.1 País:
2.2. N.º de Tripulantes:	2.3 N.º de Passageiros:
2.4. Escalas, em ordem cronológica decrescente, dos últimos trinta dias, contendo nome do porto, país e data de partida:	
2.5 Nome do Comandante:	
2.6. Ocorrência de óbito a bordo?	<input type="radio"/> SIM <input type="radio"/> NÃO
2.7. Houve sepultamento em alto mar?	<input type="radio"/> SIM <input type="radio"/> NÃO
2.8. Ocorrência de doença a bordo?	<input type="radio"/> SIM <input type="radio"/> NÃO
02 2.8.1. Com sinais de febre e ou hemorragia?	<input type="radio"/> SIM <input type="radio"/> NÃO
2.8.2 Com sinais de icterícia?	<input type="radio"/> SIM <input type="radio"/> NÃO
2.8.3. Com sinais de diarreia?	<input type="radio"/> SIM <input type="radio"/> NÃO
2.8.4. Com sinais de disfunções neurológicas?	<input type="radio"/> SIM <input type="radio"/> NÃO
2.8.5. Com sinais de tosse ou dificuldade respiratória?	<input type="radio"/> SIM <input type="radio"/> NÃO
2.9. Ocorrência de acidente a bordo:	<input type="radio"/> SIM <input type="radio"/> NÃO
2.9.1. Se sim, que especificar que tipo de acidente:	
2.10. Ocorrência de mortandade de roedores a bordo:	<input type="radio"/> SIM <input type="radio"/> NÃO
2.10.1. Caso afirmativo, especificar qual(is) compartimento(s):	
2.11. Ocorrência de consumo de medicamento(s) durante a viagem:	<input type="radio"/> SIM <input type="radio"/> NÃO
2.11.1. Caso afirmativo, especificar o nome do(s) medicamento(s):	



03	3. Informações sanitárias	
	3.1. Porto onde ocorreu o último abastecimento de água potável:	
	3.2. Produz água potável a bordo?	<input type="radio"/> SIM <input type="radio"/> NÃO
	3.2.1. Possui sistema de tratamento de água potável?	<input type="radio"/> SIM <input type="radio"/> NÃO
	3.3. Capacidade máxima de armazenamento de água potável (litro(s) m³):	
	3.4. Possui tanque de retenção ou tratamento de efluentes sanitários?	<input type="radio"/> SIM <input type="radio"/> NÃO
	3.4.1 Capacidade máxima de armazenamento dos efluentes sanitários (m³):	
	3.4.2 Autonomia de retenção, em função do n.º de viajantes a bordo (dias):	
	3.5 Transporta carga perigosa?	<input type="radio"/> SIM <input type="radio"/> NÃO
	3.6. Ocorrência a bordo de desinsetização/fumigação de carga:	<input type="radio"/> SIM <input type="radio"/> NÃO
3.6.1 Caso afirmativo especificar o produto utilizado e data do procedimento:		
Produto:	Data:	
3.7. Haverá retirada de resíduos sólidos neste porto?	<input type="radio"/> SIM <input type="radio"/> NÃO	
3.8. Haverá abastecimento de água potável neste porto?	<input type="radio"/> SIM <input type="radio"/> NÃO	
3.9. Haverá abastecimento de alimentos neste porto?	<input type="radio"/> SIM <input type="radio"/> NÃO	

04	Termo de Responsabilidade
	Assumo a veracidade das informações acima prestadas comprometendo-me a cumprir as demais exigências estabelecidas na legislação sanitária federal pertinente e ainda a responsabilidade pelo pagamento de qualquer taxa de Fiscalização Sanitária e multa, relacionada à infração sanitária em decorrência da entrada, permanência, operação e saída da embarcação do Porto de Controle Sanitário.

05	Identificação do Responsável Direto ou Representante Legal da Embarcação
	3.1 Local: _____ 3.2 Data: ____/____/____
	3.3 Nome: _____
	3.4 Assinatura: _____

6	Recebimento pela Autoridade Sanitária
	4.1. N.º do Comunicado: _____ 4.2. Data: ____/____/____ 4.3
	Hora: _____
	4.4. Nome da Embarcação: _____
	4.5. () Com inspeção agendada para ____/____/____ às _____ h
	4.6. () Sem agendamento, podendo ser inspecionada a qualquer momento, a critério da autoridade sanitária.
	4.7 Nome: _____
	4.8 Matrícula: _____
	4.9 Assinatura e Carimbo: _____

Annexe VII. ANVISA Notificação de Inspeção (Inspection Notice)



REPÚBLICA FEDERATIVA DO BRASIL
 MINISTÉRIO DA SAÚDE
 AGENCIA NACIONAL DE VIGILANCIA SANITARIA



ANEXO V
 NOTIFICAÇÃO DE INSPEÇÃO

CVPAF/ UF	PP/	Selecione ou preencha
N°		

1	<p>Informamos que a embarcação _____ de bandeira _____, inscrita sob n.º de identificação _____, deverá aguardar inspeção sanitária:</p> <p>(<input type="checkbox"/>) Atracada, (<input type="checkbox"/>) Em local designado ou fundeadouro</p> <p>1.1 Posto Emissor: _____</p> <p>1.2 Data: _____ 1.3 Hora: _____</p> <p>AUTORIDADE SANITÁRIA</p> <p>1.4 Assinatura: _____</p> <p>1.5 Nome: _____</p> <p>1.6 Matrícula: _____</p>
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RECIBO	
2	<p>2.1. Notificação de Inspeção Sanitária n.º _____</p> <p>2.2. Embarcação: _____, n.º de identificação _____</p> <p>2.3. Data: _____ Hora: _____</p> <p>2.4. Local da Inspeção: (<input type="checkbox"/>) Atracada (<input type="checkbox"/>) Local designado/fundeio:</p> <p>2.5. Responsável Direto ou Representante Legal pela Embarcação _____</p> <p>2.6. Assinatura: _____</p> <p>2.7. Nome: _____</p>

Annex IX. ANVISA *Termo de Inspeção Sanitária da Embarcação – TISEM (Vessel Sanitation Inspection Report)*

ANEXO IX



REPÚBLICA FEDERATIVA DO BRASIL
MINISTÉRIO DA SAÚDE
AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA



**TERMO DE INSPEÇÃO SANITÁRIA DA
EMBARCAÇÃO**
Vessel Sanitation Inspection Report

CVPAF/ _____ PP _____
Nº. _____

1. EMBARCAÇÃO (Vessel)

1.1 Nome - *Name*: _____ 1.2 Bandeira - *Flag*: _____
1.3 Nº Identificação IMO – *Registration IMO*: _____

2. INSPEÇÃO SANITÁRIA - Sanitary Inspection

2.1 Início - *Start*:: _____ 2.2 Término - *End*: _____
2.3 Local da Inspeção - *Place of Inspection*: (a) Atracada (b) Em local designado ou fundeadouro
2.4 Propósito da Inspeção - *Purpose of inspection*:
 Programa de Fiscalização Contínua - *Surveillance Program*
 Concessão de Livre Prática - *Free Practice*
 Emissão de Certificado de Isenção / Controle Sanitário de Bordo - *Ship Sanitation Control Certificates*
 Emissão de Certificado Nacional de Isenção/Controle Sanitário de Bordo
 Denúncia - *Denounce*
 Reinspeção para verificação de cumprimento de exigências – *Re-Inspection*
Outros (especificar) – Other: _____

3. DOCUMENTAÇÃO (Documents)

3.1 Documentos Obrigatórios - *Documents required*:
 Declaração Marítima de Saúde - *Maritime Declaration of Health*
 Lista de Tripulantes e de Passageiros, com local e data de embarque - *List of crew and passengers, with place and date of boarding*
 Cópia do Certificado de Isenção/Controle Sanitário de Bordo - *Copy of Ship Sanitation Control Certificates*
 Declaração de Responsabilidade Sanitária - *Statement of health responsibility*
 Cópia do Certificado de Livre Prática emitido no país - *Copy of Certificate of Free Practice issued in the country*

3.2 Documentos Complementares – *Additional documents*:
 Certificado Internacional de Vacinação e Profilaxia ou atestado ou documento oficial, justificando a contra indicação à vacina - *International Certificate of Vaccination or Prophylaxis*
 Lista de psicotrópicos e ou entorpecentes - *List of narcotics or psychotropic drugs*
 Certificado de Livre Prática (CLP) do último Porto de Controle Sanitário - *Free Practice Certificate of the last port of Health Control*
 Comprovante do pagamento da Taxa de Fiscalização Sanitária referente ao CLP – *fee payment information*
 Informações do sistema de água potável - *information related to potable water system*
 Informações do sistema de tratamento de efluentes sanitários – *information related to sewage system*
 Informações referentes ao gerenciamento de resíduos sólidos - *information related to solid and hospital waste*
 Manifesto de Carga - *Cargo manifest*
Outros - *Others* (especificar- *specify*): _____


4. INSPEÇÃO SANITÁRIA- Sanitary Inspection: S (Satisfatória - Satisfactory) - I (Insatisfatória - Unsatisfactory) - N/A (Não se aplica -Not applicable)	
4.1 Áreas Inspeccionadas – Inspected areas: (S) (I) (N/A) Convés - <i>Deck</i> (S) (I) (N/A) Áreas de Armazenamento de alimentos – <i>Storage and pantry</i> (S) (I) (N/A) Cozinhas e áreas de consumo de alimentos – <i>Galley and restaurants</i> (S) (I) (N/A) Circulação, administrativas e de comando - <i>Circulation, administrative and command</i> (S) (I) (N/A) Alojamentos, sanitários e salas de banho – <i>Quarters, Bathrooms and restrooms</i> (S) (I) (N/A) Enfermaria e ou hospital – <i>Medical facilities</i> (S) (I) (N/A) Casa de máquinas – <i>Engine rooms</i> (S) (I) (N/A) Outros – <i>Others</i>	Observações - <i>Observations:</i>
4.2 Sistemas Inspeccionados – Inspected systems: 4.2.1 Sistema de água potável - <i>Potable water system</i> (S) (I) (N/A) Abastecimento - <i>Supply</i> (S) (I) (N/A) Tratamento - <i>Treatment</i> (S) (I) (N/A) Limpeza e desinfecção dos reservatórios – <i>Cleaning and disinfection of tanks</i> 4.2.2 Sistema de efluentes sanitários – <i>Sewage system</i> (S) (I) (N/A) Armazenamento - <i>Storage</i> (S) (I) (N/A) Tratamento- <i>Treatment</i> (S) (I) (N/A) Descarga – <i>Discharge</i> 4.2.3 Sistema de resíduos sólidos – <i>Solid waste system</i> (S) (I) (N/A) Acondicionamento – <i>Goods packing</i> (S) (I) (N/A) Armazenamento - <i>Storage</i> (S) (I) (N/A) Coleta – <i>Handling</i> (S) (I) (N/A) Destino Final – <i>Final Destination</i> 4.2.4 Sistema de climatização – <i>Air conditioning</i> (S) (I) (N/A) Condições operacionais e higiênico-sanitárias – <i>hygienic-sanitary conditions</i> 4.2.5 Outros Sistemas Observações – <i>Other systems</i> (S) (I) (N/A)	Observações - <i>Observations:</i>
4.3 Controle de Vetores – Control of Vectors (S) (I) (N/A)	Observações - <i>Observations:</i>
5. CONCLUSÃO DA INSPEÇÃO SANITÁRIA – Conclusion (marcar com “x” – check with “X”) () Embarcação em Condições Higiênico Sanitárias Satisfatórias - <i>Ship with satisfactory sanitary conditions</i> () Embarcação sujeita à reinspeção sanitária no próximo porto nacional, onde deverá ser verificado o cumprimento da(s) notificação(ões) emitida(s) neste Porto de Controle Sanitário - <i>Ship subject to a new inspection in the next national port, which should be verified compliance with the (s) notification (s) issued (s) in Port of Health Control</i> () Embarcação sujeita à reinspeção sanitária, antes da sua saída deste Porto de Controle Sanitário após o cumprimento da(s) notificação(ões) emitida(s) - <i>Ship subject to a new inspection, before its departure from Port Control Health after completion of the (s) notification (s) issued</i> () Embarcação em Condições Higiênico Sanitárias Insatisfatórias, que impede a concessão ou manutenção da Livre Prática, até que seja(m) atendida(s) a(s) exigência(s) sanitária(s), conforme notificação(ões) emitida(s) - <i>Ship in unsatisfactory hygiene conditions, which prevents the provision or maintenance of the Free Practice until it comply health notification.</i>	
6. TERMOS LEGAIS EMITIDOS – Legal Terms Issued: () Termo de Apreensão () Interdição () Desinterdição (<i>Terms of Apprehension, Banning or not banning</i>) () de matérias primas de produtos sob vigilância sanitária (<i>of raw materials for products under Health Surveillance</i>): () de meios de transporte e estabelecimentos sob vigilância sanitária (<i>of conveyances and establishments under Health Surveillance</i>): Termo de Inutilização – <i>Term of Disable:</i> Termo de Colheita de Amostra – <i>Term of sampling:</i> Notificação - <i>Notification:</i> Auto de Infração - <i>Infraction act:</i>	

7. OBSERVAÇÕES COMPLEMENTARES - Complementary Observations:	
8. IDENTIFICAÇÃO DA EQUIPE DE INSPEÇÃO – Name and designation of issuing officer/Signature and seal	
8.1 Autoridade Sanitária – Health authority:	
8.1.1 Nome - Name:	8.1.2.Matricula - seal :
8.1.3. Assinatura - Signature _____	
8.2 Autoridade Sanitária – Health authority:	
8.2.1 Nome - Name:	8.2.2.Matricula - seal :
8.2.3. Assinatura - Signature _____	
8.3 Autoridade Sanitária – Health authority:	
8.3.1 Nome - Name:	8.3.2.Matricula – seal:
8.3.3. Assinatura - Signature _____	

----- **Recorte aqui**

<p>RECIBO</p> <p>Data ____/____/____ Hora _____</p> <p>Responsável Direto ou Representante Legal pela Embarcação</p> <p>Assinatura: _____</p> <p>Nome: _____</p>

Annex X. ANVISA Termo de Controle Sanitário de Viajante – TCSV (Term of Health Control of Travellers)

 Agência Nacional de Vigilância Sanitária		Coordenação de Vigilância Sanitária de Portos, Aeroportos, Fronteiras e Recintos Alfandegados Posto _____	
Termo de controle sanitário do viajante Term de contrôle sanitaire de voyageurs Term of health control of travelers		N: _____	Data / Date / Date: _____
1 - Nome Completo / Full Name / Nom et Prenom: _____		Data Nascimento/Birth Date/ Date de na: _____	
Nº do Passaporte ou C. de Identidade e País Passport Number/ Country: Número do passport et pays: _____		Sexo / Sex / Sexe: <input checked="" type="radio"/> M <input type="radio"/> F	
2 - Endereço(s) para contato no Brasil/ Address (es) where you can be found in Brazil/ Adresse pour contact au Brésil: _____			
Cidade(s)/City(ies):/Ville(s) _____		Estado(s)/State(s)/État(s): _____	
E-mail: _____		Telefone/Phone/Téléphone: _____	
3 - Países por onde circulou desde a origem da viagem/Country where you have been/Pays où vous êtes allé: _____			
4 - Nome da Empresa _____			
5 Tipo do meio de transporte: <input type="radio"/> Vão / Flight / Vuelo <input checked="" type="radio"/> Embarcação / Ship / Embarcación <input type="radio"/> Veículo / Vehicle / Vehicule <input type="radio"/> Trem / Train / Train		Nº/Nome/Placa: _____	Assento(s) / Camarote(s): Seat(s) / Cabin: Siège / Cabina; _____
6 - Sinais e Sintomas de doenças e outras situações de interesse a saúde pública observados/Noted symptoms and signs and other occurrences related to interest public health diseases/Síntomas observados: <input type="radio"/> Febre / Fever / Fièvre <input type="radio"/> Tosse ou falta de ar / cough, breath difficulty/ toux, difficulté pour respirer <input type="radio"/> Outros – especificar (ex: óbito, diarreia, manchas vermelhas na pele, icterícia, dor de cabeça, vômito, hemorragia, dores musculares etc.) / Other- specify (i.e: obit, diarrhea, rash, jaundice, headache,vomit, haemorrhage, muscular pain etc.)/ Autres - spécifier (ex. Décès, diarrhée, éruptions dans la peau, ictericia, mal de tête, vomissement, hémorragie, douleurs musculaires etc.): <input checked="" type="radio"/> Nenhum / None / Nule			
7 - Conclusão da ação de controle sanitário/ Conclusion of the health control action/ Conclusion de l'action de contrôle sanitaire : <input type="radio"/> Desembarque/Entrada no país autorizado / Disembark authorized/ Débarquement autorisé <input type="radio"/> Desembarque/Entrada não autorizado / Disembark non authorized/ Débarquement non autorisé <input type="radio"/> Embarque autorizado / Embark authorized /Ebarquement autorisé <input type="radio"/> Embarque não autorizado / Embark non authorized / Ebarquement non autorisé <input type="radio"/> Com Vigilância Ativa / active surveillance / veille active			
Assinatura e Siiupe da Autoridade Sanitária Health Authority signature Signature de l'Autorité Sanitaire	Assinatura do viajante ou responsável legal Traveller's signature Signature du voyageur	Assinatura e Identificação da Autoridade Receptora do Termo Authority signature Autorité Sanitaire	
<p align="center">IMPORTANTE: apresente essa declaração ao profissional de saúde que lhe prestar atendimento. IMPORTANT: present this declaration to the doctor who has attended you. IMPORTANT: présentez cette déclaration au médecin qui vous soignez. PREZADO PROFISSIONAL DE SAÚDE:</p> <p>Caso esse viajante apresente sinais e/ou sintomas de doença de interesse a saúde pública que não estejam acima descrita entre em contato com nosso Posto de Vigilância Sanitária (Telefone: _____) ou o CIEVS (0800-6446645 - notifica@saude.gov.br.)</p>			

SANTOS (MAIN OFFICE)	REPRESENTAÇÕES PROINDE LTDA.
Address	Rua Itororó, 3 – Sala 31 11010-071 – Santos-SP Brazil
Telephone	+ 55 13 4009 9550
General E-mail	proinde@proinde.com.br
RIO GRANDE	REPRESENTAÇÕES PROINDE LTDA. <i>c/o FARINON, CARVALHO DA SILVA</i>
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VITORIA	REPRESENTAÇÕES PROINDE LTDA. <i>c/o WS COMÉRCIO E SERVIÇOS MARÍTIMOS LTDA.</i>
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General E-mail	proinde.vitoria@proinde.com.br
SALVADOR	REPRESENTAÇÕES PROINDE LTDA. <i>c/o PERINÁUTICA LTDA.</i>
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RECIFE	REPRESENTAÇÕES PROINDE (NORDESTE) LTDA.
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FORTALEZA	REPRESENTAÇÕES PROINDE LTDA. <i>c/o ABACUS REPRESENTAÇÕES LTDA.</i>
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BELÉM	REPRESENTAÇÕES PROINDE (BELÉM) LTDA.
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SÃO LUIS	REPRESENTAÇÕES PROINDE (SÃO LUÍS) LTDA.
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Telephone	+55 98 99101 2939
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MANAUS	REPRESENTAÇÕES PROINDE (NORTE) LTDA.
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Telephone	+55 92 3307 0653
General E-mail	proinde.manaus@proinde.com.br

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