



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

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

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

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

Contact: .....

Date (DD-MM-YYYY) .....

Email: .....

Telephone: .....

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

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

Updated April 8, 2021

<b>Vessel Information</b>	
7. Vessel Name	
8. Size of Vessel	
9. Number of Cabins and Heads	
10. Number of Crew Onboard	
11. Location during Quarantine	

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

**Comments (please include airport transfer arrangements and vessel itinerary)**

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**OFFICIAL USE ONLY**

Approved for Quarantine on Land

Approved for Quarantine on Vessel

Not Approved

**Comments:**

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