



03/20/2020
COVID-19 Update
Old Bahama Bay remains
OPEN!!



At Old Bahama Bay we recognize the importance our resort plays in providing a positive Bahamas hotel and marina experience to our unit owners, guests, and staff members. The health and well being of our valued unit owners, guests, staff members, and vendors are always our top priority. We have spent the last few weeks closely monitoring all guidelines and advisories issued by the Bahamas Ministry of Health, the U.S Centers for Disease Control, and the World Health Organization regarding the Coronavirus (COVID-19). Currently we have no plans to close the resort and are taking proactive measures to ensure the safety of everyone so that OBB can remain open for your enjoyment including:

Enhanced cleaning protocols: We have increased the frequency of cleaning service on all surfaces both hard and soft goods throughout the resort and have increased the use of sanitizing cleaners/disinfectants use on all surfaces throughout the resort. Additional sanitizer and disinfectant products: While we have increased the quantity of sanitizing cleaners/disinfectants and their use by our staff throughout the resort, we are additionally providing wipes free of charge in every room to make available for our guest in-room use. For your information, our wipes of choice are Purgo Wipes. These particular wipes are made in the USA with 100% Natural and FDA GRAS ingredients. To view Purgo's testing results go to www.PurgoTestResults.com

Health and Travel Notices. There are not travel restriction notices from the Bahamas, or the CDC restricting travel between the Bahamas and the US. The Government of The Bahamas has prohibited entry for persons who have traveled from China, Iran, Italy and South Korea, United Kingdom, Ireland and Europe within the last 20 days. This restricted travel list of countries will be continuously monitored and updated as necessary. To Ensure safety, all visitors are being screened by the government at ports of entry.

We will continue to respond to the latest on COVID 19 with guest and employee safety first and foremost. Please visit our Facebook for further information on our efforts, which we will continually update.

As always, we appreciate your business support and friendship.



COVID-19 QUESTIONNAIRE

THIS QUESTIONNAIRE CAN BE SUBMITTED TO THE PUBLIC HOSPITAL AUTHORITIES. FOR PERSONS WHO KNOWINGLY MAKE A FALSE, OR FRAUD STATEMENT MAY SUFFER PENALTIES WITHIN THE LAWS OF THE COMMONWEALTH OF THE BAHAMAS.

Please provide truthful information below as it is require to be completed and submitted prior to entering the country.

Did any passengers on your vessel travel in the past 20 days include any of the following countries: China, Hong Kong, Macau, South Korea, Iran, Japan, Singapore, All of Italy or a location currently subject to quarantine measures (including transiting through an airport in these locations)? Yes No

In the past 14 days, have you or any passengers on your vessel had a fever, cough or difficulty breathing? Yes No

I CERTIFY THAT INFORMATION STATED IS TRUE AND CORRECT WITH SERIOUS PUBLIC HEALTH IMPLICATIONS TO FALSE INFORMATION.

Vessel name / Plane tail #

Number of passengers

Captain's Name: _____

Date: _____

(PLEASE PRINT)

Signature: _____

Bahamas Ministry of Health

BAHAMAS CUSTOMS

Nassau, The Bahamas

Medical Officer

MARITIME DECLARATION OF HEALTH

(To be completed and submitted to the competent authorities by the Master of Ships arriving from Ports outside the territory)

Submitted at the port of _____ Date _____
Name of ship or vessel _____ Registration/IMO No. _____
Arriving from _____ sailing to _____
(Nationality)(Flag of vessel) _____ Master's Name _____
Gross tonnage [ship] _____
Valid Sanitation Control Exemption/Control Certificate carried on board? yes _____ No _____
Issued on _____ Date _____
Re-inspection required? Yes _____ No _____
Has ship/vessel visited an affected area identified by the World Health Organization? Yes, _____ No _____
Port and date of visit _____

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter: .

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all ports/ countries visited in this period (add additional names to the attached schedule):

(1) Name _____ Joined from: (1) (2) _____ (3) _____
(2) Name _____ Joined from: (1) _____ (2) _____ (3) _____
(3) Name _____ Joined from: (1) _____ (2) _____ (3) _____
Number of passengers on board _____

Health Questions

- Number of crew members on board _____ (1) Has any person died on board during the voyage otherwise than as a result of accident? Yes _____
If yes, state particulars in attached schedule. Total no. of deaths, _____
(2) Is there on board or has there been during the international voyage any case of disease which you suspect to be an infectious nature? Yes _____ No _____ If yes, state particulars in attached schedule.
(3) Has the total number of ill passengers during the voyage been greater than normal/expected? Yes _____ No _____
How many ill persons? _____
(4) Is there any ill person on board now? Yes _____ No _____ If yes, state particulars in attached schedule.
(5) Was a medical practitioner consulted? Yes _____ No _____
If yes, state particulars of medical treatment or advice provided in attached schedule.
(6) Are you aware of any condition on board which may lead to infection or spread of disease? Yes _____ No _____
If yes, state particulars in attached schedule.
(7) Has any sanitary measure (e.g. quarantine, isolation) disinfection or decontamination) been applied on board?
Yes _____ No _____
If Yes, specify type, place and date _____
(8) Has any stowaways been found on board? Yes _____ No _____ If yes, where did they join the ship (if known) _____
(9) Is there a sick animal or pet on board? Yes _____ No _____

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief.

Signed .. _____

Master

Date ~ _____

Countersigned _____

Ship Surgeon (if carried)

Note: In the absence of a surgeon, the master should regard the following disease of infectious nature:

g symptoms as grounds for suspecting the existence of a

- (a) fever, persisting for several days or accompanied by (i) prostration, (ii) decreased consciousness, (iii) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; (vii) unusual weakness; (viii) recurrent convulsions; (ix) severe vomiting other than sea sickness; (x) severe diarrhea; or (xi) recurrent convulsions.

MARITIME DECLARATION OF HEALTH
APPENDIX 5 (CONTINUED)
SCHEDULE TO THE DECLARATION
PARTICULARS OF EVERY CASE OF ILLNESS OR DEATH OCCURRING ON BOARD

NAME	CLASS OF RATING	AGE	NATIONALITY	DATE OF EMBARKING	NATURE OF ILLNESS	DATE OF OFF-SET	RESULT OF ILLNESS	DISPOSAL OF CASE
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* State whether recovered: Still Ill: Died: ___

MASTER'S SIGNATURE