

Appendix, No. 13.

Port of _____

STATEMENT OF FEES PAID TO MEDICAL OFFICERS.

Quarter ended _____

DATE.	Name of Ship.	Where Bound.	Number of Adults.	Amount.	Name of Medical Officer.

Appendix, No. 14.

CLEARING CERTIFICATE FOR PASSENGER SHIPS.

Name of Ship.	Registered Tonnage.	Aggregate Number of Superficial Feet in the several Compartments Appropriated for other than Cabin Passengers.	Total Number of Statute Adults the Ship can legally carry, exclusive of Muster, Crew, and Cabin Passengers.	Intending to Touch at	Bound to	Name of Master.
CABIN PASSENGERS.				Number of Souls.	Equal to Adults, computed by the Passengers Act.	
Adults, male	-	-	-			
Adults, female	-	-	-			
Children, males between 1 and 14	-	-	-			
Children, females between 1 and 14	-	-	-			
Under 1 year	-	-	-			
TOTAL						
INTERMEDIATE AND STEERAGE PASSENGERS.				Number of Souls.	Equal to Adults, computed by the Passengers Act.	
Adults, male	-	-	-			
Adults, female	-	-	-			
Children, males between 1 and 14	-	-	-			
Children, females between 1 and 14	-	-	-			
Under 1 year	-	-	-			
TOTAL						