

PUBLIC HEALTH DECLARATION FORM

Traveler information			
Name:		Telephone number:	
Address:		Email:	

1. Do you or any of your family members have any of the following flu like symptoms?

Symptoms	Yes	No	Symptoms	Yes	No
Fever			Muscular pain		
Cough			Breathlessness		

Other, please specify:

If you have answered "Yes" to any of the symptoms above, we recommend that you wear a face mask which is available from an airline representative or BVI immigration & customs personnel.

2. a) Where have you travelled to or transited through in the last 14 days? Please list all countries, including those with confirmed Covid-19 cases. E.g. Italy, Iran, Germany.

3. Have you or your family come in close contact with anyone who was diagnosed with any confirmed cases of the following infectious diseases in the last 14 days?

Infectious Disease	Yes	No	Infectious Disease	Yes	No
1.Covid-19 (Wuhan novel coronavirus)			3.MERS-CoV (Middle Eastern Respiratory Syndrome)		
2.Ebola			4.Influenza (flu)		

During your stay if you develop any of the symptoms in Q2, kindly contact the Ministry of Health & Social Development at 468-2274 or any Health Service Provider for assistance.

Guest Signature: _____

Date: _____

<i>For official Use Only</i>	
Date:	POINT OF ENTRY (Name):
Investigator (Name):	Signature:
Risk Classification	<input type="checkbox"/> High High: Visited High prevalence areas (e.g. Hubei province) OR answered 'Yes' to any one of the questions in 2-4.
	<input type="checkbox"/> Low Low: Has not visited a high prevalence area OR answered Yes to any one of questions 1-5

