MINISTRY OF HEALTH, AGRICULTURE, SPORTS AND HUMAN SERVICES

TURKS AND CAICOS ISLANDS

TRAVELER HEALTH QUESTIONNAIRE (MANDATORY)

A public health response to the outbreak of the 2019 Novel Coronavirus (2019-nCoV) for international, regional and national purposes

TO BE COMPLETED BY ALL TRAVELERS

(parents/guardians should complete on behalf of dependents)

Travelers' Information

First Name: Last (Family) Name: Phone Number:

Permanent Home Address:

Date of Arrival: / / (dd. mm. yyyy) Flight or Tail Number: Port of Embarkation:

Are you a Resident of the Turks and Caicos: ☐Yes ☐No If no, Intended departure date: / / (dd/. mm. /yyyy)

Are you traveling with family members? ☐Yes ☐No

Address in the Turks and Caicos:

Island Street Settlement
Hotel Villa Yacht (marina)

Other_____

Contact Number:_____

TRAVEL INFORMATION:

Have you spent time any of the following countries in the past 21 days, even to connect through an airport?

☐China ☐Hong Kong ☐Thailand ☐Singapore ☐Macau ☐South Korea ☐Japan ☐Italy

Please list any other countries visited in the past 21 days, including airports for connection purposes

_____

SYMPTOM AND EXPOSURE INFORMATION

Do you currently have any of these symptoms?

☐Fever ☐Sore Throat ☐Aches and Pains ☐Cough ☐Shortness of Breath ☐General weakness
☐Other (Specify):_____

IN THE LAST 14 DAYS, HAVE YOU DONE ANY OF THE FOLLOWING:

☐Resided in any country or area known to have cases of Novel Corona Virus
☐Been in contact with anyone who was known to have Novel Corona Virus or an unknown disease (ie same house, hospital, health center)
☐Worked in a heath care facility or a laboratory affected by Novel Corona Virus
☐Attended a live market

I certify that all information I have provided above is complete and correct: X_____
Signature

Thank you for your cooperation in helping us to protect your health and that of others.