GOVERNMENT OF THE VIRGIN ISLANDS DEPARTMENT OF HEALTH

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Virgin Islands Department of Health

COVID-19 Traveler Screening Tool

The information is being collected as a part of the public health response to the outbreak of the coronavirus in many countries in the World and the United States. The information will be used by the Epidemiology Division within the Department of Health as part of the surveillance activities aimed at reducing the transmission of the COVID-19 virus in the territory.

Section 1: Passenger Information

Name: *(Last, First, MI)*

Sex: M ☐ F ☐ **Date of Birth:** *(dd/mm/yyyy)*

Are You Traveling With Anyone?
(If "Yes" please list their names and relationship to you.)
Yes ☐ No ☐

Relationship:	**Name:**
Relationship:	**Name:**
Relationship:	**Name:**
Relationship:	**Name:**
Relationship:	**Name:**

What is the purpose of your trip?

Business ☐ Vacation ☐ Returning Home ☐ Other *(Specify)* _____

Section 2: Contact Information

Local Address: *(If staying in the territory)*

Work Phone:

Cell Phone:

Email Address: *(Work)*

Email Address: *(Personal)*

Section 3: Public Health Information

Today or in the past 14 days, have you had any of the following symptom?

Yes ☐ No ☐	1. Fever (100.4F) or Higher
Yes ☐ No ☐	2. Fatigue
Yes ☐ No ☐	3. Body Aches
Yes ☐ No ☐	4. Persistent Cough
Yes ☐ No ☐	5. Difficulty Breathing
Yes ☐ No ☐ Don't Know ☐	6. Loss of Taste or Smell
Yes ☐ No ☐ Don't Know ☐	7. Any other symptoms *(Please Indicate)*:
Yes ☐ No ☐ Don't Know ☐	8. Lived in a household or had contact with a person sick with COVID-19
Yes ☐ No ☐ Don't Know ☐	9. Have been in contact with a person or persons who tested positive for COVID-19?

Section 4: Recent Travel Information

List the State or Country of embarkation prior to arrival into the Territory.

State/Country: _____ Airport: _____

I attest that all of the information provided here in are true and accurate. I have been notified that I must adhere to the local COVID-19 mandates and regulations.

Signature: _____ Date: _____