

PNG Health Declaration Form (pg2)

Questions on Health Status and Travel History

1. Have you lived, travelled to or visited China (including Hongkong, Macau and Taiwan) AND/OR any other country(ies) with confirmed cases in the LAST 14 DAYS PRIOR TO ARRIVAL? (please circle)

Yes No

If Yes, please specify the name of Country (ies)

.....

If Yes, which city or province did you spend most of your time in?

How long have you been in the city or province (state number of days):

2. Have you had close contact with a confirmed case of COVID-19 in the LAST 14 DAYS PRIOR TO ARRIVAL? (Please circle)

Yes No Not sure

If yes, specify date (DD/MM/YY):/...../..... and place:

.....

3. Are you a health care worker? (please circle)

Yes No

If yes, have you cared for patients with respiratory infections; or has worked in the environment where these cases are cared for in the LAST 14 DAYS PRIOR TO ARRIVAL? (please circle)

Yes No Not sure

If Yes, specify date (DD/MM/YY):/...../..... and health facility name?

4. Do you have cough?

Yes No

If Yes, write the date of onset (DD/MM/YY):/...../.....

5. Do you have fever?

Yes No

If Yes, write the date of onset (DD/MM/YY):/...../.....

Temperature (if checked): °C

6. If your answer is "Yes" to question 4 or 5, did you get any treatment? (please circle)

Yes No

If Yes, please provide details of the treatment:

.....

Did any of your family members and/or friends traveling with you develop the fever and/or cough in the LAST 14 DAYS PRIOR TO ARRIVAL? (please circle)

Yes No Not sure

If Yes, how many family members and/or friends:

Please provide details of treatment, if any,

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Did any of your family members and/or friends traveling with you develop the fever and cough in the LAST 14 DAYS PRIOR TO ARRIVAL? (please circle)

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**Government of Papua New Guinea
Health Declaration Form**

Required Information	Details
Flight details	Vessel/Flight No.: _____ Seat No. _____ Date of arrival (D/M/Y):/...../.....
Travel itinerary	ORIGINAL PORT/COUNTRY OF DEPARTURE: Name of Port: Name of Country: Vessel/Flight No.: Date of Departure: (DD/MM/YY)/...../..... PORT/COUNTRY OF TRANSIT (1): Name of Port: Name of Country: Vessel/Flight No.: Date of Arrival: (DD/MM/YY)/...../..... PORTS/COUNTRY OF TRANSITS (IF ANY MORE): Name of Port: Name of Country: Vessel/Flight No.: Date of Arrival: (DD/MM/YY)/...../..... PORT/COUNTRY OF TRANSIT (IF ANY MORE): Name of Port: Name of Country: Vessel/Flight No.: Date of Arrival: (DD/MM/YY)/...../.....
Personal details	NAME (as it appears in your passport): Sex: (Please circle) Male / Female Nationality: Occupation: Date of birth (DD/MM/YY):/...../..... Passport #:
Contact details	OVERSEAS RESIDENTIAL ADDRESS: (House/Flat No.), (Street/Village), (District),(City/County), (Province), (Country) RESIDENTIAL ADDRESS IN PAPUA NEW GUINEA: Sect No....., Lot No..... (Street/Village),(District),(Province) Ph# 1 (PNG): Ph# 2: Email address:



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