 GOVERNMENT OF ANTIGUA AND BARBUDA

MINISTRY OF HEALTH WELLNESS AND ENVIRONMENT

**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 Antigua and Barbuda Port Health Officials*.

1. a) Where have you travelled to or transited through in the last 28 days? Please list all countries, including those with confirmed Covid-19 cases. E.g. Italy, Iran, Germany.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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 following symptoms in Q1, kindly contact the COVID-19 Hotline (268) 462-6843 or email at* [*covid@msjmc.org*](mailto:covid@msjmc.org) *or any Health Service Provider for assistance.*

**Guest Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **For Official Use Only** | | |
| **Date :** | **POINT OF ENTRY (Name):** | |
| **Investigator (Name )** | **Signature :** | |
| Risk Classification | □ High  □ Low | High: Visited high prevalence areas (e.g. Hubei Province) OR answered ‘Yes’ to any one of the questions in 1-3.  Low: Has not visited high prevalence areas OR answered ‘Yes’ to any one of the questions in 1-3. |

**Name of Vessel:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name (s)** | **Age** | **Sex** | **Country** | **Temperature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |