

DEPARTMENT OF HEALTH
SPECIAL DECLARATION CHECKLIST
(2019-nCoV Health Event)

Personal Data:

Name: _____
Sex: _____ Age: _____ Nationality: _____
Flight #: _____ Seat #: _____ Arrival Date: _____
Residence Address: _____
Telephone/Mobile number: _____
Email Address: _____

Travel History:

Countries visited for the past 14 days:

- China, Hong Kong, Macau and/or Taiwan
 Other countries with confirmed 2019-nCoV cases, specify
If none of the two options, specify:

Please check if you have any of the following at present or during the past 14 days:

fever cough colds

Thermal Scan temperature: _____

Personal History:

- Did you visit any wet or animal market and poultry farm
Did you take anti-fever medication during the last 4-6 hrs
Did you have any interaction and contact with a known nCoV case
Do you have any known disease, e.g. hypertension, diabetes, cOPD

Signature

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