

## TRAVELLER PUBLIC HEALTH DECLARATION

Please complete this form. The information is being collected as part of the public health response to the outbreaks of Ebola in West Africa. The information will be used by public health authorities in accordance with applicable national laws.

**Traveller Information:**

**Flight/ship/train/ground vehicle number/name:**

**Seat/cabin/coach number/name:**

Last (family) name: .....

First (given) name: .....

Passport country: .....

Passport number: .....

Arrival date: Day..... Month..... Year.....

Birth date: Day..... Month..... Year.....

Sex: Male..... Female.....

E-mail address: .....

Telephone number (include country code or country name): .....

Home address: .....

Address for next 21 days: .....

**Public Health Information:**

**Today or in the past 48 hours, have you had any of the following symptoms?**

**Yes      No**

a. Fever (38° C / 100° F or higher), feeling feverish, or having chills?

b. Vomiting or diarrhea?

c. Severe headaches or body aches?

d. Unexplained bruising or bleeding?

**In the past 21 days, have you done any of the following?**

**Yes      No**

e. . Lived in the same household or had other contact (*e.g. friends, relatives*) with a person sick with Ebola?

f. Worked in a health care facility *treating Ebola patients* or a laboratory *analysing Ebola specimens*, or touched a *dead* body in a country with an Ebola outbreak, without using personal protective equipment?

**Countries Visited:**

List all countries where you have been in the past 21 days (including airport and port transits and where you live). List the most recent country first (where you boarded). If you need more space, please use the back of the page.

1.....

3.....

2.....

4.....