

PNG Health Declaration Form (pg2)

Questions on Health Status and Travel History

1. Have you lived, travelled to or visited 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?

Put a (v) or a (x) in the box if you have one or more symptoms listed below.

Do you have- Cough
- Fever
- shortness of breath
- sore throat
-loss of taste or smell

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

Did you receive Covid-19 Vaccine? (Yes or No)

If Yes, then how many Dose? (Thick the box and state the date)

1st Dose Date:...../...../.....

2nd Dose or Completed Date:...../...../.....

Name of the Vaccine?..... (Optional)

COVID-19 Hotline: (+675) 71960813/71291609

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

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



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