



ARRIVING PASSENGER Health Declaration Form



NATIONAL DISASTER RISK MANAGEMENT
(MANAGEMENT AND MINIMISATION OF THE IMPACTS OF CORONAVIRUS (COVID-19))
REGULATIONS 2020

(Regulation 11)

Instructions

One form required for each person. A Parent or Guardian may complete the form for a dependent child. Information must be provided in English. Fill the form in blue or black ink. Complete all sections and provide accurate information. It is an offence to provide false or misleading information. If you need assistance in completing the form please ask a member of the crew or a Health Official on arrival.

- **Submit the Form to a Health Official on arrival in Nauru**

PART 1 – Passenger Details

Full Name		Residential Address in Nauru Name of Residence, District, and any other details to locate	
Date of Birth (DD / MM / YYYY)		Telephone Number in Nauru (Mobile preferred)	
Gender (Male or Female)		Email Address	
Nationality as per Passport		Passport Number	

PART 2 – Travel Details

Name of Port where you boarded this flight or Vessel		Flight Number or Name of Vessel	
Date of Arrival into Nauru		Seat Number	

PART 3 – Travel History

List the Countries you have been in or transited through during the last 14 days

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PART 4 – Health Details

Have you been diagnosed with or suspected of having Coronavirus Disease ?	Yes / No	Have you had direct contact with any person with known Coronavirus Disease?	Yes / No
Do you have any of the following signs or symptoms? (please circle all that apply)			
Fever ?	Yes / No	Muscle aches or weakness ?	Yes / No
Cough ?	Yes / No	Unexplained loss of taste or smell ?	Yes / No
Shortness of breath ?	Yes / No	Sore Throat ?	Yes / No
General feeling unwell ?	Yes / No	Headache ?	Yes / No
Immediately advise a member of the crew if you answer 'YES' to any of the above questions			

List any pre-existing medical conditions you have (eg. diabetes, heart disease, cancer, asthma, chronic respiratory disease, kidney disease, etc)

List any Medications you take on a regular basis

List any Allergies you have

DECLARATION

I hereby declare that the information given in this Form are true and correct to the best of my knowledge and belief.

Signature

Name

Signature of the person submitting this form

Name of the person submitting this form (print)

Date

DD

MM

YYYY