



Republic of the Marshall Islands
MINISTRY OF HEALTH AND HUMAN SERVICES
 P.O. Box 16 Majuro, Marshall Islands 96960
 Phone: ER (692) 625-4144/4357



First Name: _____ Last Name: _____

Passport #: _____ DOB: _____ Gender: M / F

Originating from: _____ Flight #: _____ Seat #: _____

Arrival Date: _____ Resident Visitor

Address while in the R.M.I.? (Hotel) _____

Contact #: _____ Duration of Stay (in days): _____

Put a mark or fill in the box where it best applies. (jouj im uaak ijin ilal ilo jimwe im mool)

• Within the last twenty-one (21) days, have you travelled to/from this countries?

Originating Country	YES	NO	Originating Country	YES	NO
Samoa			USA (name State)		
American Samoa			New Zealand		
Philippines			Tonga		
Fiji			Australia		

Within the last twenty-one (21) days, including today, have you been having:
 (Iloan 21 raan ko-rej jemlok lok koba rainin, kwaar ke:)

SYMPTOMS	YES	NO
Fever/PIPA (>38.6C or 101.5F)		
Raised red, non-blistering rash (bok aidrlik)		
Red eyes (biroro loan mejed)		
Cough (bokbok)		
Runny Nose (uwur)		

If you develop any of these symptoms, call Dr. Aina Garstang: 455-4031 or Dr. Tom Jack: 456-0964 or ER: 625-4144/ 625-4357 Please inform the Immigration officer to direct you for further assistance.

Date: _____ MOHHS signature: _____