

MEDICAL AND PUBLIC HEALTH SERVICES

TRAVELERS' QUESTIONNAIRE - FOR MEDICAL USE ONLY (PORT)

➤ Have you been to any of the following countries/areas for the last 14 days? YES □ NO □
○ China ☐ City of Wuhan/district of Hubei ☐
Republic of Korea
O Japan
 North Italy/ areas northern of Pisa, Firenze and Rimini Iran
o Singapore
○ Hong Kong □
> Have you been in contact with a person with confirmed or suspected novel coronavirus infection
(COVID-19) in the past 14 days? YES NO
If you have answered Positive to any of the above please fill out the form below
PERSONAL DATA
Name:Surname:Sex: Male Female
Date of birth:/Nationality:
Address of Permanent Residence:
Telephone:Email:
TRAVEL DATA
Origin Country/City:Date of departure:
Stopover/Connection:Date of departure:
Final destination Country/City:
How long are you going to stay in Cyprus?
Contact details in Cyprus: Address: Telephone:
Have you been travelling with family or friends? YES NO If the answer is YES, how many?
Name 1:Name 2:
CLINICAL SIGNS/REPORTED SYMPTOMS
Have you developed any of these symptoms in the last 14 days? ◆ Fever: YES □ NO □
Cough: YES NO
Difficulty breathing: YES NO
Other symptoms (please specify):
PLEASE COMPLETE THE ABOVE DOCUMENT USING ONLY <u>LATIN CHARACTERS</u> AND HAND OVER TO DESIGNATED PERSONNEL
Declaration: I do hereby declare that all the information given above is true to the best of my knowledge
Signature: Date:

CONFIDENTIAL DOCUMENT (The data collected in the form relate to personal data and should be collected, processed and used on the basis of the EU Regulation 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data). The epidemic is ongoing and guidelines could potentially change.