



**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
- Japan
- North Italy/ areas northern of Pisa, Firenze and Rimini
- Iran
- 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 LATIN CHARACTERS 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:**.....