



MINISTRY OF HEALTH, AGRICULTURE, SPORTS AND HUMAN SERVICES
TURKS AND CAICOS ISLANDS



HEALTH QUESTIONNAIRE

A public health response to the outbreak of the 2019 Novel Coronavirus (COVID-19), for international, regional and national purposes

TO BE COMPLETED BY **ALL TRAVELERS** (parents/guardians should complete on behalf of dependents)

Travelers' Information

Date of travel (dd/mm/yyyy): _____ / _____ / _____
 Name (Last, First): _____
 Age (yrs.): _____ Sex: Male Female Nationality: _____
 Port of embarkation: _____ (Country) _____ (City/State)
 Airline flight number: _____ Seat number: _____
 Other countries visited prior to arriving in the TCI: _____,
 Are you a resident in the Turks and Caicos Islands? Yes No
 If no, length of stay in TCI: _____ dys. mos.
 Are you travelling with family members? Yes No If yes, how many? _____

Permanent Home Address

Country: _____ State/Province/District: _____
 Phone number: (_____) _____ - _____

Intended Address in Turks and Caicos Islands

Address: _____ Island: _____

Symptom and Exposure Information

Have you or any family member tested positive for COVID-19? Yes No
 If yes, please indicate type of test: PCR Other, please specify: _____
 Date tested (dd/mm/yyyy): _____ / _____ / _____

Do you have any of these symptoms?
 Fever Yes No Sore throat Yes No Aches and pains Yes No
 Cough Yes No Shortness of breath Yes No General weakness Yes No
 Headache Yes No Loss of smell Yes No Loss of taste Yes No
 Diarrhoea Yes No Other, specify: _____, _____

Thank you for your corporation in helping us to protect your health and that of others

OFFICIAL USE ONLY

Temperature at Point of entry: _____ °C °F
 Received date (dd/mm/yyyy): _____ / _____ / _____
 Name of officer: _____
 Contact number: (_____) _____ - _____



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