

## COVID-19 POE Surveillance Form

<b>PLEASE READ CAREFULLY AND FILL OUT ALL THE RELEVANT INFORMATION!</b>					
Flight number/Vessel name			Country of Nationality		
Seat Number(for flight passengers)			Address Abroad		
Name			Permanent Address in Maldives		
Gender		Residential Address in Maldives			
M <input type="checkbox"/>		F <input type="checkbox"/>			
Passport number/ NID card number (locals)			Email address		
Date of Birth			Contact number		
Do you have any of the following symptoms (Tick Yes /No where applicable)					
Symptom		Yes		No	
				<b>If yes, specify Onset Date</b>	
Fever	°F	°C			
Cough					
Runny nose					
Breathing difficulties					
<b>List all the countries that you have been to or transited at in the last 14 days</b>					
a) Country:	Travel date:	Dep. Date:	Dep Flight time:		
b) Country:	Travel date:	Dep. Date:	Dep Flight time:		
c) Country:	Travel date:	Dep. Date:	Dep Flight time:		
d) Country:	Travel date:	Dep. Date:	Dep Flight time:		
<b>Within the last 14 days, have you:</b>				Yes	No
1. Been in close contact with a confirmed or probable case of COVID-19					
2. Visited or worked at a live animal market in China					
3. Worked at or attended a health care facility where patients with hospital-associated COVID-19 infections have been reported.					
4. Worked as a health care worker in an environment where severe acute respiratory infections of unknown etiology were being cared for					
5. Travelled to Hubei (China)					

**Documents to be collected with this form**

- 1) Passport copy
- 2) National ID Card Copy (If a Maldivian National)
- 3) Copy of flight boarding pass (where applicable)

✓


**Note:** If the number of countries visited within the last 14 days exceeds 4, please complete this information on the other side of this form

Fill the relevant sections on the other side of this form as well

For sea vessels (To be filled by Seaports staff)	
Port of calls (i.e. country) within the last 14 days	
Total number of passengers/crew who have been to China within the last 14 days	
Agent (name, address in Maldives)	
Contact number (Agent)	
Email address (Agent)	
Address of any disembarked passengers/crew (This part is filled for a ship that has been docked in Maldives)	

Form completed by :	
Date:	
Time:	
Name of port	