

Example Travel Health Declaration Form

Each traveller should complete this form in conjunction with the national customs and immigration form (parents/guardians should complete the form for those not able to complete it themselves).

This information is being collected as part of the public health response to the outbreaks of Ebola. The information will be used by *[insert country here]* public health authorities and other international, national and local public health agencies for that purpose. *[Countries may wish to cite legal authority for collecting this information].*

Completion of this form is voluntary. However, if an individual refuses to provide the requested information, or is not truthful about the information provided, national public health authorities may quarantine, isolate, or place the individual under surveillance if there is a reasonable belief that the individual is infected with or has been exposed to Ebola.

Section 1. Traveller's Information

Please check off any of the following countries you have been in during the past 21 days (please check ALL that apply)

The Democratic Republic of the Congo I have not visited this country

Last (family) name: First (given) name:

Passport country: Passport number:

Birth date: ___/___/___(DD/MM/YY) Sex: Male Female

Arrival date: ___/___/___(DD/MM/YY) Airline:

Flight number: Seat number:

Primary e-mail address:

Alternate e-mail address:

Primary telephone number (include country code or country name):

Alternate telephone number (include country code or country name):

Home/permanent address:
.....
.....

Address for next 21 days:
.....
.....

Are you travelling with anyone else on this trip? Yes No

IF YES, please list the name and a telephone number for each person you are travelling with (*if you are travelling with more than four people, please ask for an additional form*):

1. Last (family) name: First (given) name:
Seat number:

2. Last (family) name: First (given) name:
Seat number:

3. Last (family) name: First (given) name:
Seat number:

4. Last (family) name: First (given) name:
Seat number:

Emergency contact information

Name of person who can reach you while in (*insert country name*):

Last (family) name: First (given) name:

Country:..... Relationship:.....

Their email address: Their phone number:

Section II. Symptom and Exposure Information

In the past 48 hours, have you had any of the following symptoms?

- A. Fever, feeling feverish, or having chills? Yes No
- B. Vomiting or diarrhea? Yes No

In the last 21 days, have you done any of the following?

- C. Lived in the same household or had other contact with a person sick with Ebola or an unknown disease? Yes No
- D. Worked in a health care facility or a laboratory in an Ebola affected country? Yes No
- E. Attended a funeral or touched the body of someone who died in an Ebola affected country of Ebola or an unknown disease? Yes No

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

For Completion by Immigration [*Insert appropriate organization who undertakes screening at your point of entry*]

After review of this Traveller Health Declaration Form, the following action was taken:

- Individual was referred to national Public Health authorities for further screening
- Individual was given an information sheet about Ebola Virus Disease with contact information of who to call in country with any concerns.
- No action required

This form can be found on the CARPHA website: <http://carpha.org/What-We-Do/Public-Health-Activities/Ebola>