

TRAVELLER PUBLIC HEALTH DECLARATION CARD

Please fill up this form. The information is being collected as a part of the public health response to the outbreak of measles in many countries in the World. The information will be used by public health authorities in accordance with applicable national laws.

Traveller Information: Flight number / ship number or name / ground crossing
Seat/ cabin/ coach number/name:
Last (Family) name:First (given) name:
Birth Date: DayMonthYear
Sex: MaleFemale
Passport Country:Passport Number
Arrival Date: Day:MonthYear
E-mail address:
Home address in country of residence:
Number in country of residence: (Include country code or country name: Address for
next 21 days:

Public Health Information:

SECTION 1:

Today or in the past 10 days, have you had any of the following symptom?

Question 1:	Fever (38 C / 100 or higher) or feeling feverish	YES	NO
Question 2:	Rash	YES	NO
Question 3:	Red Eyes	YES	NO
Question 4:	Cough	YES	NO
Question 5:	Breathing Difficulty	YES	NO

SECTION 2:

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

Question 6:	Lived in the same households or had contact (e.g. friends, relatives) with a person sick with Measles?	YES	NO	Don't know
Question 7:	Worked in a health care facility treating measles patients or worked in a laboratory analysing measles specimens	YES	NO	Don't know

SECTION 3:

Question 8:	Have you ever been immunized with measles vaccine	YES	NO	Don't know
	or had measles in the past			
Question 9:	Are you suffering from TB currently	YES	NO	Don't know

Countries Visited: List all countries where you have been in the past 21 days (including airport and port transits and where you live). List the most recent country first (Where you boarded).