

Reporting Form for Passengers / Crew Members Who Are Arriving from Novel Influenza A (H1N1) Affected Countries

MINISTRY OF HEALTHCARE & NUTRITION

Particulars of passengers / crew members arriving from affected countries

Full Name

Address in Sri Lanka

Your contact No: Mobile

Fixed residential

Date of birth: YYYY MM DD | Sex: Male / Female

Flight No : / Vessel

Port of embarkation :

If you have been on transit before boarding this flight/vessel indicate :
The port where you initially embarked

Other ports of transit (if any) during this journey

Please tick relevant cages if you have following symptoms

Fever	<input type="checkbox"/>	Cough	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>
Muscle pain	<input type="checkbox"/>	Sore-throat	<input type="checkbox"/>	Diarrhoea	<input type="checkbox"/>
Headache	<input type="checkbox"/>	Difficulty in breathing	<input type="checkbox"/>		

Countries you have visited during last 2 weeks (including transits)

Have you had contacts with patients having above symptoms (influenza like patients)? Yes No

History of contacts with suspected / confirmed Swine Flu patients Yes No

I certify that the information provided above is true.

Signature of the passenger

For use of Airport / Sea Port Health Office only

Suspected patients Referred to IDH for isolation Yes No

MOH,
This passenger has come from an Influenza A (H1N1) affected country. Please follow up for development of symptoms.

Date :

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Airport/Sea Port Health Officer