To protect your health, public health officers need you to complete this form. Your information would help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes.

WRITE CLEARLY AND IN BLOCK LETTERS

PERSONAL DATA

First Name: _____ Surname: _____

Nationality: _____ Gender: _____

DOB: _____ Emirates ID/Passport: _____

Flight Number: _____ Seat Number: _____

Depart From: _____ Final Destination: _____

Contact Number: _____

EMPLOYMENT DATA

Job Category: _____ Employer/place of work: _____

Employer address and contact details: _____

ACCOMODATION DATA

Address in the United Arab Emirates: _____

Do you live in:

○ Villa ○ Flat ○ Hotel ○ Apartment

○ Shared Accomodation ○ Staff Accomodation

If shared accommodation, how many people are living in the same accommodation:

_____

If required, are you able to self-isolate?

○ Yes ○ No

If YES, please specify: _____

Do you have a separate toilet?

○ Yes ○ No

If self isolation is required, can you fund your stay in isolation? (minimum $50 per day)

○ Yes ○ No

If NO, please specify: _____

MEDICAL DATA

Do you have any of the following flu like symptoms:

- Fever
- Cough
- Sore Throat
- Runny Nose
- Shortness of Breath

Others, please specify: _____

Do you have a chronic medical condition such as diabetes, hypertension, cancer, immune compromising disorder?

- Yes
- No

If YES, please specify: _____

Are you currently on any medication?

- Yes
- No

If YES, please specify: _____

Do you have anyone living with you who is above 60 years of age?

- Yes
- No

Do you have anyone living with you who is suffering from low immunity or chronic disease (diabetes, hypertension, cancer, etc.)

- Yes
- No

If YES, please specify: _____

Do you have health insurance?

- Yes
- No

AGREEMENT

I understand that this form will be used for public health matters, and I confirm that I have filled the information required accurately

Name: _____

Signature: _____

Date: _____