



Appendix A

Vanuatu Government

Passenger Health Declaration Form

All passengers (**EXCEPT** Vanuatu Nationals who transited Hong Kong or Singapore less than eight hours) must complete this form before boarding any flights to Vanuatu

Please note that heavy penalties will be imposed for false declaration under the Public Health Act of Vanuatu

Section A	
Required Information	Details
Personal Details	Name (as it appears on your passport): Sex: (circle one) Male/Female Nationality as in your passport: Occupation: Date of Birth: Passport #:
Contact Details	Residential address (Your original Home address): Email address: Home phone number: Address in Vanuatu (hotel, motel...): Phone contact# in Vanuatu:
Travel Itinerary	<u>ORIGINAL PORT/COUNTRY OF DEPARTURE:</u> Name of port: Name of country: Vessel/Flight#: Departure Date:/...../..... N° of transits: <u>Transit 1:</u> Name of port: Flight #: Name of country: <u>Transit 2:</u> Name of port: Flight #: Name of country: <u>Transit 3:</u> Name of port: Flight #: Name of country: Other transit ports/countries:
Flights details	<u>Flight to Vanuatu:</u> Port of Embarkation:Seat #: Flight #: Date of arrival:/...../.....



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Section B: Do you have any of the following sign and symptoms? *(please circle)*

- | | | |
|-----------------------|-----|----|
| ▪ Fever | Yes | No |
| ▪ Cough | Yes | No |
| ▪ Shortness of breath | Yes | No |
| ▪ Running nose | Yes | No |

If your answer is **"YES"** to any of the above, please consult the airline crew immediately. **You MAY NOT BE allowed to board this flight**

Section C Have you been in any of the following places before the last 14 days ago? *(please circle)*

- | | | |
|----------------------|-----|----|
| ▪ Mainland of China: | Yes | No |
| ▪ Taiwan | Yes | No |
| ▪ Italy | Yes | No |
| ▪ Hong Kong SAR | Yes | No |
| ▪ Macau SAR | Yes | No |
| ▪ Iran | Yes | No |
| ▪ South Korea | Yes | No |
| ▪ Japan | Yes | No |
| ▪ Singapore | Yes | No |

If your answer is **"YES"** to any of the above places, please provide your medical clearance certificate (**Appendix B**) of COVID-19 or **You will NOT be allowed to board this flight.**

Section D Have you been or transited through any of the following places less than 14 days ago? *(please circle)*

- | | | |
|---------------------|-----|----|
| ▪ Mainland of China | Yes | No |
| ▪ Taiwan | Yes | No |
| ▪ Italy | Yes | No |
| ▪ Hong Kong SAR | Yes | No |
| ▪ Macau SAR | Yes | No |
| ▪ Iran | Yes | No |
| ▪ South Korea | Yes | No |
| ▪ Japan | Yes | No |
| ▪ Singapore | Yes | No |

If your answer is **"YES"** to any of the above places, please consult the airline crew immediately. **You are NOT allowed to board this flight.**

Signature:

Date:

...../...../.....



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Appendix B

MEDICAL CLEARANCE FORM 1

FOR TRAVEL TO THE REPUBLIC OF THE VANUATU

Surname	First Name(s)	Date of Birth _/_/ _	Sex: (circle) M / F
Residential address			
Screening Questions Do you have: 1. A history of travelling to China including Hong Kong SAR, Macau SAR and Taiwan or Japan, Singapore, South Korea Japan, Italy and Iran ? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. Close contact* with a confirmed or probable case of COVID-19 infection, while that patient was symptomatic? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> 3. Have you been to a healthcare facility where COVID-19 infections have been managed? Yes <input type="checkbox"/> NO <input type="checkbox"/> Not known <input type="checkbox"/> 4. Have you been to a laboratory handling suspected or confirmed COVID – 19 samples? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> 5. Have you had direct contact with animals in countries where the COVID-19 is known to be circulating in animal populations, or where human infections have occurred as a result of presumed transmission from animals? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>			
Physical Examination			
General Appearance (Robustness and Activity):			
Vital Signs: Respiratory Rate : / min Temperature °C			
Respiratory System : Chest			
Nose/ Throat			
Other abnormal physical findings:			



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Personal Declaration

To be signed in the presence of the examining doctor

I _____ (*Print name*) have answered the above questions truthfully and to the best of my knowledge. I am fully aware that if I make a false declaration I may be subject to severe penalties.

_____ (*Signature*)

_____ (*Date*)
(DD/MM/YYYY)

Medical physician Declaration

I, Dr _____ (*Name and Qualifications*)

of _____ (*Practise*
or Hospital Address)

Hereby certify that Mr/Ms/Mrs _____ does not have any symptoms of a severe acute respiratory infection (as defined by the WHO case definition) or any other condition that would prove to be of risk to other passengers or the general public in Vanuatu.

Doctor's Signature

Date (DD/MM/YYYY)

Company stamp or seal