



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 accomodation, how many people are living in the same accomodation:

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: _____