

## APPENDIX -1- PASSENGER COVID-19 STATUS CARD

### PASSENGER COVID-19 STATUS CARD

**Purpose of this card:**

To get self-declaration regarding possible COVID-19 infection in passenger.

Notwithstanding completion of this card, passenger will be subjected to additional screening as part of a multi-layer prevention approach e.g. when recorded temperature is equal or higher than 38 °C.

**1. During the past 14 days, have you had close contact (face-to-face contact within 1 meter and for more than 15 minutes or direct physical contact) with someone who had symptoms suggestive of COVID-19?**

Yes  No

**2. Have you had any of the following symptoms during the past 14 days:**

Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coughing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Breathing difficulties	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**3. Have you had a positive PCR or RDT COVID-19 test?**

Yes  No

Please attach report if available

**Details of Passenger:**

Name:

Nationality OR Passport No:

Signature:

Date:

Note- *any false declaration will lead to legal action*

## APPENDIX-2 CREW COVID-19 STATUS CARD

CREW COVID-19 STATUS CARD
<p><b>Purpose of this card:</b> Information to be recorded by crew prior to departure to confirm their COVID-19 health status and to facilitate processing by concerned Authorities.</p> <p>Notwithstanding completion of this card, a crew member might still be subjected to additional screening by Health Authorities as part of a multi-layer prevention approach e.g. when recorded temperature is 38°C or greater.</p>
<p><b>1. During the past 14 days, have you had close contact (face-to-face contact within 1 meter and for more than 15 minutes or direct physical contact) with someone who had symptoms suggestive of COVID-19?</b></p> <p>Yes No</p>
<p><b>2. Have you had any of the following symptoms during the past 14 days:</b></p> <p>Fever Yes No Coughing Yes No Breathing difficulties Yes No</p>
<p><b>3. Temperature at duty start:</b> Temperature not recorded due to individual not feeling/ appearing feverish Temperature in degrees <sup>0</sup>C / <sup>0</sup>F : _____ Date: _____ Time: _____ Recording method: Forehead Ear Other _____</p>
<p><b>4. Have you had a positive PCR COVID-19 test during the past 14 days? Yes No</b></p> <p>Attach report if available</p>
<p><b>Crew member Identification:</b> Name: Airline/ aircraft operator: Nationality and Passport No: Signature: Date:</p>



**APPENDIX-4 - PASSENGER LOCATOR CARD (DOMESTIC FLIGHT)**

<b>Name</b>	
<b>Date of travel</b>	
<b>Airlines</b>	
<b>Flight number</b>	
<b>Seat number</b>	
<b>From (origin)</b>	
<b>To (destination)</b>	
<b>Permanent address</b> <b>Ward no</b> <b>Rural</b> <b>municipality/municipality</b> <b>District</b>	
<b>Current address</b>	
<b>Contact telephone</b> <b>Landline/Mobile-</b>	
<b>Near to kin telephone</b> <b>Landline/Mobile-</b>	
<b>Additional information for foreigners</b>	
<b>Nationality</b>	
<b>Passport number</b>	
<b>Hotel address</b>	



Government of Nepal  
Ministry of Health and Population

## TRAVELLER PUBLIC HEALTH DECLARATION

This form is to obtain important information from passengers entering this country through Tribhuvan International Airport, on any possible exposure to hazards that leads to health implications requiring interventions by the International Health Regulations Focal Point (IHR NFP). The information will be used by public health authorities in accordance with applicable national laws.

Please answer all questions. Ask an official if you need help.

Date (DD/MM/YYYY): ...../...../.....

<b>1</b>	<b>Traveller Information</b>		<b>Flight Number:</b>	
1.1	Last name		1.2	First name(s)
1.3	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	1.4	Nationality
1.5	Date of birth (DD/MM/YYYY)		1.6	Passport Number
1.7	Home Address			
1.8	Address in Nepal			
1.9	Phone number(s) in Nepal	Mobile: Landline:	1.9.1	Email address

<b>2.</b>	<b>Journey Information</b>	
2.1	Where did you start and transit during this journey? (city and country in last 21 days)	
	<b>From</b>	<b>To</b>
a.		
b.		
c.		

<b>3</b>	<b>Contact Information</b>	
3.1	Did you come across some patients with of acute respiratory illness within last 14 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.2	Cared for anyone with a severe illness, or who has died of an unknown cause?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.3	Attended any funerals or had any contact with any dead bodies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.4	Visited any traditional healers or been admitted to hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>4</b>	<b>Health information</b>	
4.1	Fever (38° C / 100° F or higher), feeling feverish, or having chills?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.2	Respiratory symptoms like (Cough, Sneezing, Running Nose etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.3	Have you had an increased temperature/fever at any time during the past 48 hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.4	Headache	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.5	Vomiting/feeling sick	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.6	Diarrhoea	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.7	Intense fatigue, bodyache or exhaustion	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.8	Bruising	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.9	Unexplained or unusual bleeding	Yes <input type="checkbox"/> No <input type="checkbox"/>

For assistance please visit the health desk at Tribhuvan International Airport or contact:

Epidemiology and Disease Control Division, Teku, Kathmandu,

Phone: +977-1-4255796 (Time: 10:00-17:00) Email: ewarsedcd@gmail.com,

Facebook: www.facebook.com/edcdnepal