APPENDIX -1- PASSENGER COVID-19 STATUS CARD

PASSENGER COVID-19 STATUS CARD

Purpose of	of this	card
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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 0 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?

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

Fever Yes No Breathing difficulties Yes No Yes No

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

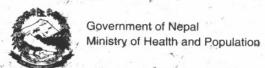
CREW COVID-19 STATUS CARD
Purpose of this card: Information to be recorded by crew prior to departure to confirm their COVID-19 health status and to facilitate processing by concerned Authorities.
Notwithstanding completion of this card, a crew member might still be subjected to additional screening by Health Authorities as part of a multi-layer prevention approach e.g. when recorded temperature is 38°C or greater.
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 No Coughing Yes No Breathing difficulties Yes No
B. Temperature at duty start: Temperature not recorded due to individual not feeling/ appearing feverish Temperature in degrees ⁰ C / ⁰ F : Date: Time: Recording method: Forehead Ear Other
4. Have you had a positive PCR COVID-19 test during the past 14 days? Yes No
Attach report if available
Crew member Identification:
Name: Airline/ aircraft operator:
Nationality and Passport No:
Signature:
Date:

APPENDIX-3 PASSENGER LOCATOR CARD-(INTERNATIONAL FLIGHT)

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APPENDIX-4 - PASSENGER LOCATOR CARD (DOMESTIC FLIGHT)

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



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.

Plea	se answer all questions. Ask a	n official if you need help.		Date (DD/MM/)	(YYY):/	/		
1	Traveller Information	Fli	ght Nur					
1.1	Last name		1.2	First name(s)				
1.3	Gender	Male□ Female□ Others□	1.4	Nationality				
1.5	Date of birth (DD/MM/YYYY)		1.6	Passport Number				
1.7	Home Address	And the second of the second						
1.8	Address in Nepal							
1.9	Phone number(s) in Nepal	Mobile: Landline:	1.9.1	Email address	*			
2.	Journey Information					7-3		
2.1	Where did you start and tra	ansit during this journey? (d	city and	country in last 21 da	ys)			
	Fro	m		То				
a.				Taxana Marin Kal				
b.								
C.			- H - M	ne. A months				
3	Contact Information			*		2		
3.1	.1 Did you come across some patients with of acute respiratory illness within last 14 days?							
3.2	Cared for anyone with a seve	Yes [No□					
3.3	Attended any funerals or had	any contact with any dead be	odies?	10 () 3 () 3 () 3 ()	Yes	No□		
3.4	Visited any traditional healer	s or been admitted to hospital	?		Yes [□ No □		
4	Health information							
4.1	Fever (38° C / 100° F or high	ner), feeling feverish, or having	g chills?		Yes	□ No □		
4.2	Respiratory symptoms like (0	Cough, Sneezing, Running No	se etc.)		Yes	□ No □		
4.3	Have you had an increased	temperature/fever at any time	during t	he past 48 hours?	Yes D	□ No □		
4.4	4 Headache							
4.5	.5 Vomiting/feeling sick							
4.6	1.6 Diarrhoea							
4.7	Intense fatigue, bodyache or	exhaustion		* H H	Yes [□ No □		
4.8	Bruising			1-3-4	Yes [□ No□		
4.9	Unexplained or unusual blee	ding			Yes [□ No □		

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,