



MINISTRY OF HEALTH AND WELLNESS  
HEALTH SCREENING QUESTIONNAIRE  
(to be completed by all adult passengers prior to disembarkation)

Name as shown on the passport \_\_\_\_\_

Passport No. \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Intended address in Saint Lucia: \_\_\_\_\_

**For hotel stays** – Property Name \_\_\_\_\_

**For returning nationals and residents** – does your home meet the conditions for home quarantine? Do you live alone or have access to your own bedroom and bathroom?      Yes     No

If yes, please provide physical address (include directions), householder's name and contact number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and date of birth of all children (18 yrs and under) travelling with you:

\_\_\_\_\_  
\_\_\_\_\_



Within the past 14 days have you, or any person listed above:

1. Been diagnosed with Coronavirus disease (COVID-19)? Yes  No
2. Had close contact with anyone diagnosed with COVID-19? Yes  No
3. Provided direct care for COVID-19 patients? Yes  No
4. Visited any patient having COVID-19? Yes  No
5. Worked/stayed in a closed environment with a COVID-19 patient? Yes  No
6. Lived in the same household as a COVID-19 patient? Yes  No
7. Experienced any of the following symptoms (check all reported symptoms)
  - Fever/Chills                       Cough                       Sore Throat
  - Difficulty breathing               Runny nose               Loss of smell, loss of taste
8. Visited or worked at a hospital or other healthcare facility?
9. Medical History:     Respiratory Disease               Diabetes  
                                  Hypertension                               Immune Diseases

Please specify: \_\_\_\_\_

10. Surgical History \_\_\_\_\_

11. Are you on any medication? (List) \_\_\_\_\_

Anyone travelling to Saint Lucia from a country listed by WHO as having active cases 30 days prior to travel will be required to quarantine according to the directive of the state

I, \_\_\_\_\_, hereby declare that the above information is correct. *Insert Name*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date