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

Traveler Information:

First Name (s): _______________________________________________________
Last Name (s): _______________________________________________________
Date of Birth (dd/mm/yy): ____________________________________________
Country of Residence: _________________________________________________
Intended Address in Saint Lucia: _________________________________________
Telephone Number: ___________________________________________________

Name and date of birth of all children (under18 years) travelling with you:

________________________________  ______________________________
________________________________  ______________________________

Within the past 21 days have you, or any person listed above:

1. Been diagnosed with a contagious disease? Yes □ No □
2. Had close contact with anyone diagnosed with a contagious disease? Yes □ No □
3. Provided direct care for patients with contagious diseases? Yes □ No □
4. Visited any patient having a contagious disease? Yes □ No □
5. Worked/stayed in a closed environment with someone with a contagious disease? Yes □ No □
6. Lived in the same household as someone with a contagious disease? Yes □ No □

If the answer to any of the questions above is ‘yes’, please specify illness: ________________________________

Within the past 21 days have you, or any person listed above experienced any of the following symptoms (check all that apply):

☐ Vomiting/nausea ☐ Headache ☐ Fever >38.5°C
☐ Cough ☐ Joint pain ☐ Back pain
☐ Difficulty breathing ☐ Muscle pain (myalgia) ☐ Diarrhea
☐ Chest pain ☐ Fatigue /extreme weakness ☐ Swollen lymph nodes
☐ Loss of smell/taste ☐ Sore throat ☐ Red/Pink eye
☐ Bleeding: ☐ Eyes ☐ Nose ☐ Rash: Specify site:________
☐ Mouth ☐ Other: __________

I, ________________________________, hereby declare that the above information is correct. I acknowledge that any false declarations on this form is subject to a fine of XCD $1,000.00.

_________________________________        _____________________
Signature                      Date