

Ministry of Health and Family Welfare Government of India

SELF REPORTING FORM

FOR ALL TRAVELLERS ARRIVING from 2019-nCoV affected countries* (TO BE PRESENTED AT THE HEALTH/IMMIGRATION COUNTER)

All persons coming to India from 2019-nCoV affected countries are required to fill-up this proforma. You are requested to provide the following information to safeguard your own health.

Personal Information

Name of the passenger Seat No. 3. Flight No. **Passport** 4 No. 5 Date of Arrival Port of origin of Journey Port of final destination

Contact Address in India for All Travellers:

| | House Number | |
|---|------------------|--|
| 2 | Street/ Village | |
| 3 | Tehsil | |
| 4 | District/ City | |
| 5 | State | |
| 6 | Pin | |
| 7 | Residence Number | |
| 8 | Mobile Number | |
| 9 | E mail ID | |

| (PA | RT-A |
|-----|------|
|-----|------|

| I) II) | During your visit to China, what all cities did you visit? Have you visited Wuhan city in Hubei province, China in last 14 days? Yes/ No | | | | | | | |
|-----------|---|--|-----|----|--|--|--|--|
| | If yes, | If yes, period and duration | | | | | | |
| | | a. During your visit, did you visit any sea food market? Yes / No b. Are you suffering from any of the following symptoms** | | | | | | |
| | • | Fever | Yes | No | | | | |
| | • | Cough | Yes | No | | | | |
| | • | Respiratory distress | Yes | No | | | | |

Signature of the passenger

In case you develop symptoms such as fever and cough within 28 days of leaving this airport, restrict your outdoor movement and

^{*}CHINA, ANY OTHER COUNTRY AS NOTIFIED BY W.H.O. FOR LOCAL TRANSMISSION. (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/)

^{**}If answer to any of the above questions is "yes", please present yourself to the Airport Health counter for preliminary screening.