



Screening Form for Travellers and Crew arriving in Bermuda from Countries with Local Transmission of COVID-19

1. Last Name: _____ First Name: _____

2. Date of birth : _____ dd-mmm-yy 3. Sex: Male Female

4. Entry Status: Resident Visitor 5. Address of Residence/Accommodation in Bermuda: _____

6. Contact Information: Home/Mobile: _____ Work: _____ Email: _____

7. Occupation: _____ 8. Physician: _____

9. Airline and Flight Number: _____ Date of Arrival _____ dd-mmm-yy

10. Indicate where you have travelled in the past 14 days and the date that you left that country:
 China dd-mmm-yy Italy dd-mmm-yy Iran dd-mmm-yy Korea dd-mmm-yy
 Hong Kong dd-mmm-yy Japan dd-mmm-yy Macau dd-mmm-yy Malaysia dd-mmm-yy
 Singapore dd-mmm-yy Taiwan dd-mmm-yy Thailand dd-mmm-yy Vietnam dd-mmm-yy
 Spain dd-mmm-yy France dd-mmm-yy Germany dd-mmm-yy
 Other Specify: _____ dd-mmm-yy
 No travel to a COVID-19 affected country

11. Have you had contact with anyone diagnosed with COVID-19? Yes No Don't know

12. Indicate if you have any of the following symptoms?
 Fever (>38° or 100.4° F) Cough Shortness of breath Difficulty breathing
 Other: _____ No symptoms

Declaration: I agree that the information provided in this document is true and correct to the best of my knowledge and understand that any dishonest answers may have serious public health implications.

Signature: _____ Date: _____ dd-mmm-yy

**How to use the Screening Form for Travellers arriving in Bermuda
from COVID-19 Affected Countries**

Guidance to Customs and Immigration Officers

1. Travelers who report a history of travel to an affected country as listed on this form should be referred to a Department of Health Port Health Officer with the completed form for additional screening.
 - a. If a health officer is not present, the completed form should be emailed to the Nurse Epidemiologist: jdwilson@gov.bm.
2. If a traveller has fever and cough, shortness of breath or difficulty breathing, the traveller should be isolated and provided with a mask. Customs Officers should wear a mask if they will be in close contact (within 1 metre or 3 feet) of the traveler. If the traveler requires Emergency Medical Services (EMS), inform EMS of travel history and symptoms in the initial communication.

Action taken by Customs and Immigration Officer

- Referral to Department of Health Port Health Officer
- Form emailed to Nurse Epidemiologist jdwilson@gov.bm
- Isolation of traveler
- Referral to Emergency Medical Service (EMS)

Customs Officer (please print): _____ Date: _____

Guidance to Department of Health Port Health Officers

Department of Health Port Health Officers should conduct a risk assessment based on information provided on form and information obtained from passenger during interview to determine the appropriate Public Health Measure based on the risk category.

Indicate the appropriate Public Health Measure

- Quarantine Active monitoring
- Self-monitoring with Public Health Supervision
- None - Provide Reason: _____

Action taken by Department of Health Port Health Officer

- Isolation of traveler
- Referral to Emergency Medical Service (EMS)
- Referral to Community Health
- Form emailed to Surveillance Nurse srobinson@gov.bm

DoH Port Health Officer (please print): _____ Date: _____