

# SELF-ASSESSMENT CORONAVIRUS COVID-19

**AS PART OF THE CURRENT OUTBREAK WITH THE NOVEL CORONA VIRUS (COVID-19), YOU AND ALL FELLOW TRAVELERS MUST PROVIDE THE FOLLOWING SELF-ASSESSMENT. IF NECESSARY, A HEALTH EXAMINATION WILL FOLLOW. YOU ARE OBLIGED TO ANSWER THESE QUESTIONS TRUTHFULLY:**

**Question 1:**

Do you or any of your fellow travelers have any one of the symptoms like fever, cough, shortness of breath and have you had contact with a confirmed COVID-19 case within the past 14 days?

Yes

No

**Question 2:**

Do you or any of your fellow travelers have any one of the symptoms like fever, cough, shortness of breath and have you had close, household-like contact with a person coming from a risk area within the past 14 days?

Yes

No

**Question 3:**

Do you or any of your fellow travelers have any one of the symptoms like fever, cough, shortness of breath and have you been in a risk area in the past 14 days?

Yes

No

\_\_\_\_\_   
Date

\_\_\_\_\_   
Name

