



Questionnaire to identify risk factors in travelers

Date: _____

Airline: _____ Number of flight: _____ seat number: _____

Dear passenger:

Due to the current situation caused by the health emergency, we request that the following questionnaire be completed:

Name (s): _____

Last Name: _____

e-mail and phone with area code: _____

1. What countries or cities have you visited in the past 14 days?

Country: _____ City: _____ departure date: _____

Country: _____ City: _____ departure date: _____

Country: _____ City: _____ departure date: _____

2.- Have you been in contact with a confirmed case with Coronavirus? Yes: _____
No: _____

3.- If Yes, indicate the date you were in contact with the case:

Day Month Year

Please, fill the next Health Control:

4.- Have you have some of the next symthom?:

• Fever, temperature 38° C- 100°F or greater: Yes: _____ No: _____

• Frequent coughing or sneezing: Yes: _____ No: _____

• Suffer from discomfort, headaches, or any other acute health problem: Yes: _____ No: _____

• Respiratory distress: Yes: _____ No: _____

Signature of passenger o crew: _____