

**REPORT ON THE HEALTH CONDITION OF PERSONS WHOM ARE ENTERING THE PORT**

**PREMISES**

1. Name : .....
2. N.I.C. No : ..... Service No: ..... Computer No: .....
3. Mobile No: ..... Tel. No: .....
4. Name of the Organization : .....  
Address of the Organization: .....
5. Permanent Address: .....
6. Current Address : .....
7. Are you in good health? .....
8. Are you suffering from any health issues? .....
9. If yes, provide details: .....
10. Is there anyone ill at home? .....
- If yes, provide details : .....
11. There is / are not a **COVID-19** infected person / quarantined person in my neighborhood to my knowledge.  
    If yes, provide details: .....
12. Have you had any contact with any infected person? .....
- If so, provide details : .....
13. Have you participated in a large gathering / get together recently? .....
- If yes, provide details: .....
14. Are you/your family members/ relations / neighbors
  - Affected / not affected by **COVID-19**: - .....
  - Have undergone / not undergone **PCR tests**. :- .....    If yes, provide details : .....
15. Have your relatives / neighbors been quarantined? .....
16. Have you recently travelled to a restricted area/an area under Quarantine Curfew?  
.....  
    If yes, name of the area : .....
17. Has a person residing abroad visited you / your home recently? .....
- If yes, details of such persons : .....

I hereby certify that the above details are true and accurate.

**Employee,**

.....

**Signature**

.....

**Date**

**Recommendation Note of the Grama Niladhari / Public Health Inspector of the area: -**

- .....
- Has the above employee been quarantined? .....
- Were any of the above employee's relatives quarantined? .....
- Have any of the nearby neighborhoods been quarantined? .....
- Other factors; if any .....

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**Signature**

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**Date**