

**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?
08. Are you suffering from any health issues?
09. 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