



GOVERNMENT OF BERMUDA
Ministry of Health

Screening Form for travellers arriving in Bermuda from countries with local transmission of COVID-19

1. Last Name: _____ 2. First Name: _____

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

4. Address of Residence/Accommodation in Bermuda: _____

5. Contact Information: Home/Mobile: _____ Work: _____

Email: _____

6. Occupation: _____ 7. Employer: _____

8. Physician: _____

10. Entry Status: Resident Visitor 9. Airline and flight number _____

11. Indicate where you have travelled in the past 14 days and the date that you left that country, including in transit:

Country	Departure date	Country	Departure date
_____	<u>dd-mmm-yy</u>	_____	<u>dd-mmm-yy</u>
_____	<u>dd-mmm-yy</u>	_____	<u>dd-mmm-yy</u>
_____	<u>dd-mmm-yy</u>	_____	<u>dd-mmm-yy</u>

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

13. Indicate if you have any of the following symptoms?

- Fever (>38° or 100.4° F) Cough Shortness of breath Difficulty breathing
 Other: _____ No symptoms

14. 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 countries with local transmission of COVID-19**

Guidance to Customs and Immigration Officers

1. All travellers are to complete this form and 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 epidemiology@gov.bm
2. If a traveller has fever and cough, shortness of breath or difficulty breathing, the traveller should be isolated and/or 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 or Immigration Officer

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

Officer (print and sign): _____ 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/Self-Quarantine
- Active monitoring
- Public Health Monitoring
- 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 epidemiology@gov.bm

DoH Port Health Officer (print and sign): _____ Date: _____