

Appendix A



Passenger Health Declaration Form

All passengers **MUST** complete this form before boarding for Vanuatu.

Please note that heavy penalties will be imposed under Vanuatu's Public Health Act for any false declaration made by any individual

Name	Age	Sex	Date of Birth
Section A			
Residential address (Home address):			
Email address:	Transiting passenger: Yes No		
Phone Number:	Flight No:		
Section B			
Have you been in any of the following countries in the last 14 days?			
Mainland China Yes <input type="checkbox"/> No <input type="checkbox"/>	Chinese Taipei Yes <input type="checkbox"/> No <input type="checkbox"/>		
Hong Kong Yes <input type="checkbox"/> No <input type="checkbox"/>	Macau China Yes <input type="checkbox"/> No <input type="checkbox"/>		
If your answer is "YES" to any of the above countries, please consult the airline staff immediately. You are NOT allowed to board this flight.			
Section C			
Do you have any of the following sign and symptoms right now?			
Fever Yes <input type="checkbox"/> No <input type="checkbox"/>	Cough Yes <input type="checkbox"/> No <input type="checkbox"/>		
Running nose Yes <input type="checkbox"/> No <input type="checkbox"/>	Shortness of breath Yes <input type="checkbox"/> No <input type="checkbox"/>		
If your answer is "YES" to any of the above, please consult the airline staff immediately and present your medical clearance showing that you are 2019-nCoV free. You MAY NOT be allowed to board this flight			
Signature:		Date:	

Appendix B



MEDICAL CLEARANCE FORM 1 FOR TRAVEL TO THE REPUBLIC OF THE VANUATU

Surname	First Name(s)	Date of Birth	Sex: (circle) M / F
Residential address			
Screening Questions Do you have: 1. A history of travel to China, Hong Kong, Macau or Taiwan? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. Close contact* with a confirmed or probable case of 2019-nCoV infection, while that patient was symptomatic? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> 3. Have you been to a healthcare facility where 2019-nCoV infections have been managed? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> 4. Have you been to a laboratory handling suspected or confirmed 2019-nCoV samples? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> 5. Have you had direct contact with animals in countries where the 2019-nCoV is known to be circulating in animal populations, or where human infections have occurred as a result of presumed transmission from animals? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>			
Physical Examination			
General Appearance (Robustness and Activity):			
Vital Signs: Respiratory Rate : / min Temperature °C			
Respiratory System : Chest			
Nose/ Throat			
Other abnormal physical findings:			

Personal Declaration

To be signed in the presence of the examining doctor:

I, _____ (*Print name*) have answered the above questions truthfully and to the best of my knowledge. I am fully aware that if I make a false declaration I may be subject to severe penalties.

(Signature) _____ (Date)
(DD/MM/YYYY)

Medical physician Declaration

I, Dr _____ (Name and Qualifications)

of _____
(Practice or Hospital Address)

Hereby certify that Mr/Ms/Mrs _____ does not have any symptoms of a severe acute respiratory infection (as defined by the WHO case definition) or any other condition that would prove to be of risk to other passengers or the general public in Vanuatu.

Doctor's Signature

Date (DD/MM/YYYY)

Company Stamp or Seal

Annex 1

Definitions of patients with Severe Acute Respiratory Illness (SARI), suspected of 2019-nCoV infection*

An ARI with history of fever or measured temperature $\geq 38^{\circ}\text{C}$ and cough; onset within the last ~10 days; and requiring hospitalization. However, the absence of fever does NOT exclude viral infection.

Surveillance case definitions for 2019-nCoV*

A. Patients with severe acute respiratory infection (fever, cough, and requiring admission to hospital), AND with no other etiology that fully explains the clinical presentation¹

AND at least one of the following:

- a history of travel to or residence in the city of Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or
- patient is a health care worker who has been working in an environment where severe acute respiratory infections of unknown etiology are being cared for.

B. Patients with any acute respiratory illness **AND** at least one of the following:

- close contact² with a confirmed or probable case of 2019-nCoV in the 14 days prior to illness onset, or
- visiting or working in a live animal market in Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or
- worked or attended a health care facility in the 14 days prior to onset of symptoms where patients with hospital associated 2019-nCoV infections have been reported.

*see <https://www.who.int/health-topics/coronavirus> for latest case definitions

¹ Clinicians should also be alert to the possibility of atypical presentations in patients who are immunocompromised;

² 'Close contact' is defined as:

- Health care associated exposure, including providing direct care for 2019-nCoV patients, working with health care workers infected with novel coronavirus, visiting patients or staying in the same close environment as a 2019-nCoV patient.
- Working together in close proximity or sharing the same classroom environment with a 2019-nCoV patient
- Traveling together with a 2019-nCoV patient in any kind of conveyance
- Living in the same household as a 2019-nCoV patient The epidemiological link may have occurred within a 14-day period from onset of illness in the case under consideration.

Appendix C



MEDICAL CLEARANCE FORM 2 FOR TRAVEL TO THE REPUBLIC OF THE VANUATU **Certification of Test Result for 2019-nCoV**

Surname	First Name(s)	Date of Birth	Sex: (circle) M / F
Residential address			
Medical Physician Declaration			
I, Dr _____ (Name and Qualifications)			
of _____ (Practice or Hospital Address)			
Hereby certify that Mr/Ms/Mrs _____			
has been tested for 2019-nCoV at the following WHO appointed 2019-nCoV referral laboratory n.b. a nasopharyngeal swab is the only recommended test for 2019-nCoV at present			
_____ (name of WHO appointed 2019-nCoV referral laboratory)			
and I also hereby certify that this test returned a _____			
result for 2019-nCoV for the above individual.			
_____ Doctor's Signature		_____ Date (DD/MM/YYYY)	
		_____ Company Stamp or Seal	