



UNHAS QUESTIONNAIRE TRAVEL HISTORY SCREENING

Passenger Name: _____ UNHAS Travel itinerary:
 Passenger Agency: _____ from: _____ Date
 _____ to: _____

List any country/city you have travel to/from in the last 15 days (Country, City, Date): If not applicable, list where you have been stationed.

- 1.
- 2.
- 3.

Have you been in contact with anyone presenting the following symptoms in the last 15 days?

Yes No

- Cough
- Fever
- Headache
- Difficulty breathing

Have you experienced any of the following symptoms in the last 15 days:

Yes No

- Cough
- Fever
- Headache
- Difficulty breathing

Any change between the date this form is submitted and the date of travel with UNHAS must be reported through a new form.

NAME IN FULL OF HEAD OF ORGANIZATION:

SIGNATURE: _____

DATE: _____

PASSENGER NAME IN FULL:

SIGNATURE: _____

DATE: _____