



UNHAS
Humanitarian
Air Service



UNHAS QUESTIONNAIRE TRAVEL HISTORY SCREENING

(Form must be completed and submitted to WFP/UNHAS at haiti.unhas@wfp.org upon submission of booking).

COMPLETE IN BLOCK LETTERS ONLY.

Name of Agency/Organization:	Travel itinerary (one way)
Passenger Full Name:	Date of travel:
Passenger phone number:	From:
Passenger email address:	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

Signature of the passenger: _____

Date: _____