



**UGANDA MINISTRY OF HEALTH  
INTERNATIONAL ARRIVALS HEALTH FORM**

*All incoming travelers are required to fill this health information form.  
Tous les voyageurs doivent remplir cet formulaire de renseignements de santé.*

1. Name of traveller/ Nom du voyageur	2. Nationality /Nationalité	3. Sex <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
5. Passport No./No. de Passeport	6. Date of arrival <input type="text"/> /____/____ (dd / mm/ YY)	4. Age (years): ----- 8. Date of departure ----- 9. Airport of departure / L'aéroport d'origine/ ----- 10. Country of departure /Pays d'origin ----- 11. Flight                      Flight Number/Vehicle          Reg. number                      ----- Seat -----
12. Physical address while in Uganda / Adresse en Ouganda (Hotel/village/town/district) -----	13. Planned duration of stay while in Uganda / La durée de séjour en Ouganda -----	14. Your Contact phone number while in Uganda / Numéro de téléphone en Ouganda. ----- -----
15. Contact / next of kin telephone number		

16. Do you have any of the following signs and symptoms? / Avez-vous des signes et **symptômes** suivantes?

Yes / Oui	No / Non	
<input type="checkbox"/>	<input type="checkbox"/>	Fever / Fièvre
<input type="checkbox"/>	<input type="checkbox"/>	Headache / cephalée
<input type="checkbox"/>	<input type="checkbox"/>	Cough
<input type="checkbox"/>	<input type="checkbox"/>	Sore throat / mal de gorge
<input type="checkbox"/>	<input type="checkbox"/>	General body weakness (fatigue) / faiblesse
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty breathing / shortness of breath
<input type="checkbox"/>	<input type="checkbox"/>	Diarrhoea / diarrhée.                      Vomiting / vomissements
--	---	Abdominal pain / douleurs gastriques
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding from body parts (nose, mouth, red eyes) / Saignements (nez, bouche, rougeur des yeux, etc)
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Signature:.....

17. Name of countries visited in the last 21 days / Pays visités depuis les derniers vingt et un jours

**TO BE COMPLETED BY THE ENTEBBE INTERNATIONAL AIRPORT PORT HEALTH OFFICER**

Measured temperature: .....

Quarantined     Released for self-isolation     Referred for risk assessment

Completed by.....

