<u>ANNEXURE 1 – SELF DECLARATION FORM</u>

Ministry of Health and Family Welfare
Government of India

SELF REPORTING FORM

FOR ALL TRAVELLERS ARRIVING from 2019-nCoV affected countries*
(TO BE PRESENTED AT THE IMMIGRATION COUNTER)

All persons coming to India from 2019-nCoV affected countries are required to fill-up this proforma. You are requested to provide the following information to safeguard your own health.

Personal Information

1	Name of the passenger	
	Seat No.	3. Flight No.
4	Passport No.	
5	Date of Arrival	
6	Port of origin of Journey	
7	Port of final destination	

Contact Address in India for Indian Nationals:

1	House Number	
2	Street/ Village	
3	Tehsil	
4	District/ City	
5	State	
6	Pin	
7	Residence Number	
8	Mobile Number	
9	E mail ID	

(PART-A)

I) During your visit to China, what all cities did you visit? _____

II) Have you visited Wuhan city in Hubei province, China in last 14 days? Yes/ No

 If yes, period and duration_____

III) In the Last 14 days during your visit, did you#:
 a. Visit any sea food/animal food market?   Yes / No
 b. Come in close contact of any person suffering from Fever and cough?   Yes / No
 c. Visit any health facility in China?   Yes / No

IV) Are you suffering from any of the following symptoms**
 - Fever   Yes   No
 - Cough   Yes   No
 - Respiratory distress   Yes   No

Signature of the passenger

*CHINA

If answer to any of the above questions is "yes", Consider them as close contact.

**If answer to any of the above questions is "yes", please present yourself to the Airport Health counter for preliminary screening.

In case you develop symptoms such as fever and cough within 28 days of leaving this airport, restrict your outdoor movement and contact MoHFW's24 hours helpline number 011-23978046. Call operator will tell you whom to contact further. In the meanwhile, keep yourself isolated in your house/room.

ANNEXURE 2 – Format For Case-Wise Contact Listing And Follow – Up

Case Information

Name		Age (yrs)	Sex (M/F)		Address	District	Date of Symptom Onset	Any other information

Contact Information and follow up

S. No.	Date of Contact	Name	Age (yrs)	Sex (M/F)	Address	District	Phone Number	Day of follow - up (Put a 'X' if the contact has no symptom and put a '√' if the contact has one of the following symptoms listed below)																											
								1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

ANNEXURE 3

Format A - for surveillance of Passenger for 2019-nCoV (To be filled by District Surveillance Unit and send to SSU daily)

Full Name:	
Age in years:	
Gender:	
Passport number:	
Complete Address (For Indian passport holders)	
Place of Stay during visit to India (For International tourists)	
Landline number with STD code (In India)	
Mobile number (In India)	
Countries visited in last 14 days	
Date of arrival from 2019-nCoV affected country to India	
Passenger History:	

Clinical details: write 'N' for No & 'Y' for Yes

Day	Date	Fever	Cough	Day	Date	Fever	Cough
1				15			
2				16			
3				17			
4				18			
5				19			
6				20			
7				21			
8				22			
9				23			
10				24			
11				25			
12				26			
13				27			
14				28			

In case of any symptoms the passenger should be immediately isolated at designated hospital following standard Infection, control practices.

Filled by…………………………..

ANNEXURE 4

Format B (Linelist of Format A from all DSU to be updated on daily basis by SSU)

NAME OF State:

	LINELIST FORMAT FOR REPORTING OF DAILY HEALTH STATUS OF PASSENGERS UNDER OBSERVATION											
Sl.No.	Name	Age	Gender	Address	Phone	District	Country of visit	Date of departure from affected country	Date of receipt of information	Observation started from	Today's Health status	Comments

- ➢ New passengers enrolled for observation:
- ➢ Cumulative number of Passengers under observation:
- ➢ No. of passengers who have completed 28 days observation period:

ANNEXURE 5

FORMAT FOR DAILY REPORTING OF HEALTH STATUS OF PASSENGERS ARRIVING FROM 2019-nCoV AFFECTED COUNTRY.

Date:……………………

Time:…………………..

S. No.	State	New passengers enrolled for observation	Cumulative number of Passengers under observation	No. of passengers who have completed 28 days observation period	Number of passengers found symptomatic & referred	Comments
1	A&N Island					
2	Andhra Pradesh					
3	Arunachal Pradesh					
4	Assam					
5	Bihar					
6	Chandigarh					
7	Chhattisgarh					
8	D N Haveli					
9	Daman & Diu					
10	Delhi					
11	Goa					
12	Gujarat					
13	Haryana					
14	Himachal Pradesh					
15	Jammu & Kashmir					
16	Jharkhand					
17	Karnataka					
18	Kerala					
19	Lakshadweep					
20	Madhya Pradesh					
21	Maharashtra					
22	Manipur					
23	Meghalaya					
24	Mizoram					
25	Nagaland					
26	Odisha					
27	Puducherry					
28	Punjab					
29	Rajasthan					
30	Sikkim					
31	Tamil Nadu					

32	Telangana					
33	Tripura					
34	Uttar Pradesh					
35	Uttarakhand					
36	West Bengal					
	TOTAL					

ANNEXURE 6

Suspect Case Referral Form: For any passenger developing symptom as per case definition of 2019-nCoV, requisite information will be shared to NCDC/CSU/SSU immediately

Full Name:	
Age in years:	
Gender:	
Passport number:	
Complete Address (For Indian passport holders)	
Place of Stay during visit (For International tourists)	
Landline number with STD code (In India)	
Mobile number (In India)	
Countries visited in last 28 days	
Date of departure from 2019-nCoV affected country	
Passenger Clinical History:	
Travel History after arrival in India:	
Name & Contact details of the Hospital where currently admitted:	