



Vanuatu Government

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 travelling to China including Hong Kong SAR, Macau SAR and Taiwan or Japan, Singapore, South Korea Japan, Italy and Iran ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. Close contact* with a confirmed or probable case of COVID-19 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 COVID-19 infections have been managed? Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/> Not known <input type="checkbox"/>			
4. Have you been to a laboratory handling suspected or confirmed COVID – 19 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 COVID-19 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:			