FEDERAL MINISTRY OF HEALTH

PASSENGER SELF-REPORTING FORM

Every passenger and crew member on board this flight should complete this form in English

1. Family Name:	2. First Given Name:	3. Middle Name:

4. Gender: □ Male □ Female	5. Date of birth: ____/____/__	6. Passport Number:	7. Nationality

8. Country of residence and home address:	9. Tel. No. in country of residence:	10. Immediate destination in Nigeria: 11. Duration of stay at immediate destination:

12. Address and Telephone No. while in Nigeria:

13. Emergency contact in home country(next of kin) Name: Phone Number:	**14. Emergency contact in Nigeria (next of kin)** Name: Phone Number:

15.a. Departure (and Transit) Airport	15.b. Date of Flight Departure	15.c. Destination Airport / Country	15.d. Name of Airline / Flight Number	15.e. Were you ill during this trip?	15.f. Did you see a doctor?
	____/____/___			□ Yes □ No	□ Yes □ No
	____/____/___			□ Yes □ No	□ Yes □ No

Please check Yes or No to the following questions as appropriate:

16. In the last 2 weeks did you have any of the following?		
a. Fever	□ Yes	□ No
b. Cough	□ Yes	□ No
c. Difficulty in Breathing	□ Yes	□ No
d. Generally feeling unwell	□ Yes	□ No
e. Symptoms of Flu or 'Common Cold'	□ Yes	□ No
17. In the last 2 weeks have you had contact with anyone who was ill/not feeling well?	□ Yes	□ No
	(if 'Yes' go to 18, if 'No' go to 19)	
18. If yes to the above, what symptoms did they have		
a. Fever	□ Yes	□ No
b. Cough	□ Yes	□ No
c. Difficulty in Breathing	□ Yes	□ No
d. Generally feeling unwell	□ Yes	□ No
e. Symptoms of Flu or 'Common Cold'	□ Yes	□ No
19. Have you taken any of the following medications in the last 24hours?		
a. Paracetamol, Ibuprofen, or other pain relieving medications	□ Yes	□ No
b. Antibiotics	□ Yes	□ No
c. Antiviral drugs	□ Yes	□ No
d. Flu or 'common cold' medications	□ Yes	□ No

If you feel unwell, Call:

0909 299 6283, 0809 555 3232, 0800 555 000 - 10