SYMPTOMS & TRAVEL HISTORY SCREENING FORM

For Use At: DEM, Staff Clinic, Inpatient Wards

DATE: _____

LOCATION: _____

TEMPERATURE (°C): _____

NAME OF PATIENT: _____

NRIC / PASSPORT NO.: _____

MOBILE NO.: _____

Instructions: Tick the appropriate boxes

Country Visited / Stayed In	Symptoms	Contact History	[FOR STAFF] Alert Supervisor Immediately
(1a) ☐ **Middle East**[1] in the **past 14 days** **(state country):** _____	**(1b)** ☐ **Fever** - Temp: _____(°C) ☐ **Respiratory Symptoms** - Cough - Shortness of Breath	**(1c)** Came **in contact with** someone who has: ☐ **MERS**	**If ticked:** (1a) & (1b) **OR** (1b) & (1c)
(2a) Have you travelled abroad in **the past 1 month:** **(state country / city):** _____ **(state travel dates):** _____ **to** _____	**(2b)** ☐ **Fever** - Temp: _____(°C) ☐ **Respiratory Symptoms** - Cough - Shortness of Breath	**(2c)** In the **past 1 month**, came **in close contact with:** ☐ **a case with COVID-19** ☐ **a person belonging to a COVID-19 cluster**	**If ticked:** (2a) & (2b) **OR** (2b) & (2c)

☐ **None of the above**

Name of Screening Staff: _____

[1] High Risk **Middle Eastern** Countries (for **MERS-CoV**) include: Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, United Arab Emirates & Yemen

SYMPTOMS & TRAVEL HISTORY SCREENING FORM (ACCOMPANYING PERSONS)

For Use At: DEM, Staff Clinic, Inpatient Wards

	Accompanying Person 1	Accompanying Person 2
Name		
Relationship		
Contact No.		
Signature		

Note: Anyone making a false declaration can be prosecuted under Section 21(A) of the Infectious Diseases Act.

Please fill in Sections 1 and 2 by ticking the appropriate options.		
Section 1		
1(a) Have you been to the **Middle East**[1] in the **past 14 days**?	☐ **Yes,** please state the country visited: _____ ☐ **No**	☐ **Yes,** please state the country visited: _____ ☐ **No**
1(b) Do you have any **Fever** and / or **Respiratory Symptoms**? If **Yes**, please indicate your symptoms on the right.	☐ **Fever** - Temp: _____(ºC) ☐ **Respiratory Symptoms** - Cough - Shortness of Breath	☐ **Fever** - Temp: _____(ºC) ☐ **Respiratory Symptoms** - Cough - Shortness of Breath
1(c) Did you come in contact with someone who has **MERS**?	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
Section 2		
2(a) Have you travelled abroad in the **past 1 month**?	☐ **Yes,** please state the country / city visited: _____ ☐ **No**	☐ **Yes,** please state the country / city visited: _____ ☐ **No**
2(b) Do you have any **Fever** and / or **Respiratory Symptoms**? If **Yes**, please indicate your symptoms on the right.	☐ **Fever** - Temp: _____(ºC) ☐ **Respiratory Symptoms** - Cough - Shortness of Breath	☐ **Fever** - Temp: _____(ºC) ☐ **Respiratory Symptoms** - Cough - Shortness of Breath
2(c) In the **past 1 month**, did you come in **close contact** with: **A case with COVID-19?** **A person belonging to a COVID-19 cluster**	☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No**

[1] High Risk **Middle Eastern** Countries (for **MERS-CoV**) include: Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, United Arab Emirates & Yemen