TURKISH REPUBLIC OF
NORTHERN CYPRUS
MINISTRY OF HEALTH

Ebola virus disiease (EVD) information form

Date: ..... Flight No: .....

1. **Have you been to Guinea, Liberia, Sierra Leone, Nigeria or any country in Africa in the last 3 weeks?**

   Yes ☐ **No** ☐

2. **Do you have fever?**

   Yes ☐ **No** ☐

3. **Have you contacted closely to infected people in these countries?**

   Yes ☐ **No** ☐

4. **Have you consumed, contacted with or handled wild animals, alive or dead or their raw or undercooked meat?**

   Yes ☐ **No** ☐

5. **Have you had unprotected sexual contact /intercourse with anyone from these countries in the last month?**

   Yes ☐ **No** ☐

- **Name-Surname: .....**
- **Your Age: .....**
- **Countries you have been to: .....**
- **Reasons for coming to TRNC:**
  - **Work** ☐
  - **Education (school / university name)** ☐ **.....**
  - **Holiday** ☐
  - **Citizen** ☐
- **Phone number:**
  - **Mobile: .....**
  - **Work: .....**
  - **Home: .....**
- **E-mail: .....**
- **Home adress in T.R.N.C: .....**
- **In case of emergency, person to contact:**
  - **Name-Surname: .....**
  - **Phone: .....**
  - **Address: .....**