



**Screening Form for Travellers aboard Vessels arriving in Bermuda from Countries with COVID-19**

1. Last Name: \_\_\_\_\_ 2. First Name: \_\_\_\_\_

3a. Date of Birth: dd-mmm-yy 3b. Age: \_\_\_\_\_ 4. Sex:  Male  Female

5. Address of Residence / Accommodation / Vessel Name while in Bermuda:  
\_\_\_\_\_  
\_\_\_\_\_

6. Contact Information - Home / Mobile: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_

7. Occupation: \_\_\_\_\_ 8. Physician: \_\_\_\_\_

9. Entry Status:  Resident  Visitor 10a. Date of Arrival: dd-mmm-yy  
10b. Proposed Departure Date: dd-mmm-yy

11. Indicate where you have traveled in the past 14 days and the date that you left that country, including dates and countries while in transit:

Country	Departure Date	Country	Departure Date
_____	_____	_____	_____
_____	_____	_____	_____

12. Have you had contact with anyone diagnosed with Covid-19 ?  Yes  No  Don't know

13. Please indicate whether you have any of the following symptoms (below):  
 Fever (>38° or 100.4° F)  Cough  Shortness of breath  Difficulty breathing  
 Other: \_\_\_\_\_  No symptoms

**Declaration:** I agree that the information provided in this document is true and correct to the best of my knowledge and understand that any dishonest answers may have serious public health implications.

Signature: \_\_\_\_\_ Date: dd-mmm-yy

Please e-mail to:  
[epidemiology@gov.bm](mailto:epidemiology@gov.bm)  
and  
[porthhealth@gov.bm](mailto:porthhealth@gov.bm)

**Epidemiology and Surveillance Unit**  
Continental Building, 25 Church Street, Hamilton  
P.O. Box HM 1195, Hamilton HM EX, Bermuda  
Phone: (+1 441) 278-4961  
Fax: (+1 441) 296-3283  
Website: [www.gov.bm/coronavirus](http://www.gov.bm/coronavirus)

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## How to use the Screening Form for Travellers arriving by Vessel in Bermuda

### Guidance to Customs and Immigration Officers

1. Travelers who report a history of travel to an affected country should be referred to a Department of Health Port Health Officer with the completed form for additional screening.

If a health officer is not present, the completed form should be emailed to: [epidemiology@gov.bm](mailto:epidemiology@gov.bm) and [porthealth@gov.bm](mailto:porthealth@gov.bm)

2. If a traveller has fever and cough, shortness of breath or difficulty breathing, the traveller should be isolated and provided with a mask. Customs Officers should wear a mask if they will be in close contact (within 2 meters or 6 feet) of the traveler. If the traveler requires Emergency Medical Services (EMS), inform EMS of travel history and symptoms in the initial communication.

### Action taken by Customs and Immigration Officers

- Referral to Department of Health Port Health Officer
- Form emailed to: [epidemiology@gov.bm](mailto:epidemiology@gov.bm) and [porthealth@gov.bm](mailto:porthealth@gov.bm)
- Isolation of traveler
- Referral to Emergency Medical Service (EMS)

Customs Officer (please print): \_\_\_\_\_

Date: \_\_\_\_\_

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### Guidance to Department of Health Port Health Officers

Department of Health Port Health Officers should conduct a risk assessment based on information provided on the form as well as using information obtained from passenger during interview to determine the appropriate Public Health Measure based on the risk category.

Indicate the appropriate Public Health Measure:

- Quarantine  Active monitoring
- Self-monitoring with Public Health Supervision
- None - Provide Reason: \_\_\_\_\_

### Action taken by Department of Health Port Health Officer

- Isolation of traveler
- Referral to Emergency Medical Service (EMS)
- Referral to Community Health
- Form emailed to [epidemiology@gov.bm](mailto:epidemiology@gov.bm) and [porthealth@gov.bm](mailto:porthealth@gov.bm)

DoH Port Health Officer (please print): \_\_\_\_\_

Date: \_\_\_\_\_