



Screening Questionnaire 2019-nCoV

An outbreak of 2019 Novel Coronavirus (2019-nCoV) requires early and effective detection of suspected cases to limit the risk of exposure to others. We are kindly requesting you complete the following questions and to have your temperature checked by us.

Name	
Company	
Date of Arrival	
Length of Stay in Myanmar	

Do you currently have any of the following symptoms? Tick all that apply:

Fever / Chills	<input type="checkbox"/>	Cough	<input type="checkbox"/>
Shortness of Breath	<input type="checkbox"/>	Sore Throat	<input type="checkbox"/>
Sneezing	<input type="checkbox"/>		<input type="checkbox"/>
Others			

Do you have any existing condition which weakens your immune? Yes / No

	Yes	No
Did you travel any City / Country within 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, mention the name of City and Country and region that you have visited within 14 days.		

I certified that the information is accurate and correct.

Signature of Visitor / Occupier / Tenant / Staff

Office Use Only
Checked By

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