



GOVERNMENT OF THE VIRGIN ISLANDS DEPARTMENT OF HEALTH

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Virgin Islands Department of Health COVID-19 Traveler Screening Tool

The information is being collected as a part of the public health response to the outbreak of the coronavirus in many countries in the World and the United States. The information will be used by the Epidemiology Division within the Department of Health as part of the surveillance activities aimed at reducing the transmission of the COVID-19 virus in the territory.

Section 1: Passenger Information

Name (Last, First, MI)	Sex: M F		Date of Birth(dd/mm/yyyy)
Traveling with anyone?	Y N	Relationship:	Name(s)

What is the purpose of your trip:
 Business ___ Vacation ___ Returning home ___ Other (specify) _____

Section 2: Contact Information

Address(physical):	Work Phone:
	Cell Phone:
	Email Address(work)/ Email address(personal):

Section 3: Public Health Information

Today or in the past 14 days, have you had any of the following symptom?

Yes	No	1. Fever (100.4 F) or higher
Yes	No	2. Fatigue
Yes	No	3. Body aches
Yes	No	4. Persistent Cough
Yes	No	5. Difficulty Breathing
Yes	No	6. Lived in a household or had contact with a person sick with COVID-19?
Don't Know		
Yes	No	7. Have been in contact with a person or persons who tested positive for COVID19(Coronavirus)
Don't Know		

Section 4: Recent Travel Information

Countries Visited: List all states or countries visited during your travel before arrival to the Territory (include all transit stops and airports)

State/Country: _____ Airport: _____	State/Country: _____ Airport: _____
State/Country: _____ Airport: _____	State/Country: _____ Airport: _____

I attest that all the information provided here in are true and accurate. I have been notified that I must monitor my symptoms for a period of 3 days and to self-quarantine for 14 days.

Signature: _____ Date: _____