**MINISTRY OF HEALTH AND PUBLIC HYGIENE**

**REPUBLIC OF COTE D'IVOIRE**
**UNION – DISCIPLINE - WORK**

INSTITUT NATIONAL D'HYGIENE PUBLIQUE

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# NOVEL CORONAVIRUS (COVID-19)
# PASSENGER INFORMATION SHEET

DATE : /__/__/ /__/__/ /__/__/__/__/ FLIGHT NUMBER:_____

LAST NAME :…….…… FIRST NAME :……..

AGE : /__/__/ years old, month : (Circle the useful mention) GENDER : ☐ Male ☐ Female

PROFESSION : …… PO BOX :…….……

PHONE :…….…… MOBILE PHONE :…….……

E-MAIL :…….....

**COUNTRY OF ORIGIN** :…….. TOWN :……

ADDRESS OF RESIDENCE :…….....

HOTEL :…… ROOM NUMBER : …….

LENGTH OF STAY :…….……

**TRANSIT COUNTRY** :……..…….. TOWN :……

ADDRESS OF RESIDENCE :……..……

HOTEL :……. …….... ROOM NUMBER :…….....

LENGTH OF STAY :……..…

**RESIDENCE IN COTE D'IVOIRE**

TOWN :……. BOROUGH :…… NEIGHBORHOOD :…….……

STREET NUMBER:..... LOT NUMBER:.....

HOTEL :…….. ROOM NUMBER :……..

TELEPHONE NUMBER IN COTE D'IVOIRE :…….....