



ANTIGUA CHARTER YACHT MEETING HEALTH SCREENING QUESTIONNAIRE

(To be presented by all attendees upon registration for the show)

Arrival to island: _____ Date of last Covid-19 test: _____

Airline: _____ Flight No.: _____

Sea Port Arrivals & date: _____

Name as shown in the passport: _____

Date of Birth: _____ Age (at last birthday): _____

Email address: _____ Contact number: _____

Address (overseas): _____

Intended address in Antigua: _____

Within the past 14 days have you, or any per on listed above:

1. Been diagnosed with Coronavirus disease (COVID-19)? Yes No
2. Had close contact with anyone diagnosed COVID-19? Yes No
3. Provided direct care for COVID-19 patients? Yes No
4. Visited any patient having COVID-19? Yes No
5. Worked/stayed in a closed environment with a COVID-19 patient? Yes No
6. Lived in the same household as a COVID-19 patient? Yes No
7. Experienced any of the following symptoms (check all reported symptoms):
 - Fever/chills Cough Sore throat
 - Runny nose Shortness of breath

This form is to be presented with a negative Covid-19 test, taken within 72 hours of arrival to the show.

I, _____ hereby declare that the above information is correct.

Signature

Date