GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES
(DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT)
Post Office Box 2816, Hagatña, Guam 96932
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Mangilao, Guam 96923

Felix P. Camacho
GOVERNOR

Kaleo S. Moylan
LIEUTENANT GOVERNOR
DIRECTOR

PeterJohn D. Camacho
DIRECTOR

MaryLou I. Taijeron
DEPUTY

HEALTH SURVEILLANCE FORM

Last Name: _____ First Name: _____ Today's Date:___/___/___

Date of Birth: ___/___/___ Gender: M ___ F ___

PASSPORT NO. _____ **NATIONALITY _____**

AIRLINE/FLIGHT NO. _____ **SEAT NO. _____**

Purpose of Visit: _____ Transit ?

LOCATION OF STAY WHILE ON GUAM

Residence/Hotel	Telephone	Date (MM/DD/YY)
_____	_____	___/___/___To ___/___/___

DATE OF DEPARTURE FROM GUAM: ___/___/___ **DESTINATION: _____**

Permanent Home Address:_____

Telephone:_____ Email address:_____

Occupation:_____ Employer:_____

Work Telephone:_____ Additional Contact Information:_____

Emergency Contact Person:_____ Telephone:_____

Medical Insurance (name and contact information):_____

CONTACT INFORMATION FOR THE NEXT 14 DAYS

Destination/Date	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

In which of the following countries have you spent time in the last 10 days:

Hong Kong Yes No Taiwan Yes No
Singapore Yes No Mainland China Yes No Other Countries: _____

_____

Have you had fever or cough in the last 3 days? Yes No