TESÃI HA TEKO PORÃVE MOTENONDEHA
MINISTERIO DE SALUD PÚBLICA Y BIENESTAR SOCIAL

TETÃ REKUÁI GOBIERNO NACIONAL
Jajapo ñande raperã ko ãga guive
Construyendo el futuro hoy

Epidemiological survey of risk factors for African citizens

FLIGHT INFORMATION - ARRIVAL TO PARAGUAY

Airline: _____ Flight #: _____ Seat #: _____

Country of departure: _____ Date of departure: _____/_____/_____

Date and time of arrival: _____/_____/_____ (____:_____)

Connections in the last 21 days (specify countries, cities and flight changes):

_____

_____

PERSONAL INFORMATION

Family name and given name:_____

Citizenship: _____ Document: ID ( ) Passport ( ) Nº _____

Date of birth: _____/_____/_____ Age: _____ Sex: M ( ) F ( )

Address (Street/number/suburb/city) _____

Occupation: _____

Telephone: _____ Mobile: _____

Email: _____

COUNTRY OF ORIGIN INFORMATION

Country (city, state): _____

Countries visited in the last 21 days: _____

_____

Have you received information about outbreaks or epidemics in the country of origin? YES ( ) NO ( )

Type of dwelling: Apartment ( ) Camping ( ) Hotel ( ) Cruise ( ) House ( )

Other ( ) Specify _____

INFORMATION OF THE RISK OF EXPOSURE TO INFECTOCONTAGIOUS DISEASES IN THE PAST 21 DAYS (ACCORDING TO INTERNATIONAL HEALTH REGULATIONS)

If you are from a country at risk of an infectious disease, complete the following:

Were you in contact with people with Ebola (EVE) or suspected of the disease? YES ( ) NO ( )

Were you in contact with wild animals and/or manipulated their tissue? YES ( ) NO ( )

Please specify _____

Were you in contact with people with: Cholera ( ) Measles ( ) Severe respiratory illness ( ) Malaria ( )

Have you suffered any illness in the country of residence/visited in the last 21 days YES ( ) NO ( )

Which country? _____

Have you made a medical appointment in that occasion (if yes, state the reason) YES ( ) NO ( )

Fever ( ) Headache ( ) Joint pain ( ) Rashes ( ) Yellow skin ( ) Skin and/or mucous bleeding ( ) Diarrhoea ( ) Difficulty breathing ( ) Others: _____

Diagnosis: _____

MANDATORY AND RECOMMENDED VACCINES BY THE MINISTRY OF HEALTH

Do you have an international yellow fever vaccine card? YES ( ) NO ( )

Do you have a vaccination certificate against: Poliomyelitis ( ) Measles ( ) Diphtheria ( )

INFORMATION ON YOUR STAY IN PARAGUAY

Address: _____ Telephone : _____

Reason to stay: Work ( ) Studies ( ) Tourism ( ) Family visit ( ) Other: _____

I declare that I have completed each and every question with the truth, being responsible for its accuracy, as well as for any omission in the description thereof.

Signature _____ Date ____/____/_____