



St Helena Government

Quarantine Entry Questionnaire

St Helena Government has taken the measure to quarantine all individuals arriving to the island for 14 days, due to the global COVID-19 pandemic. In order to support you during the 14 day period, the St Helena Government requests that you complete the below information so we can put any supportive measures available in place.

(All information provided will be treated as confidential and will only be viewed by staff in the Health Directorate and SHG employees who are bound by confidentiality)

Section One: Personal Information		Triage Assessment (Official Use Only)	
Full Name			
Date of Birth			
Address			
Telephone Numbers	Home:		
	Mobile:		
Are you travelling with a child?	Yes/No		
	Name:		
	Date of Birth:		
Are you travelling with anyone else?	Yes/No		
	Name:		
	Date of Birth:		
Dietary Requirements			

Section Two: Travel and Health		Triage Assessment (Official Use Only)
Have you been ill in the last two weeks? Give details including symptoms, medications, and dates of any hospital admissions.		
Have you been in contact with a confirmed or suspected case of Covid-19 in the last 14 days? If yes give as many details as possible including when and where you had contact.		
Have you been tested for Covid-19? If yes, give date of the test and the result.		
Please give details of the countries you have visited in the last 14 days. Please include details such as how you travelled (plane, train, boat etc.)		

Section Three: Medical Information			Triage Assessment (Official Use Only)
	YES (give details)	NO	
Are you returning from Medical Referral?			
Do you have a disability?			
Do you require assistance for your mobility?			
Are you currently pregnant?			
If yes to the above then please give the following details:	Age of your pregnancy in weeks		
	During your current pregnancy have you experienced any pregnancy related		

	complications? (Gestational diabetes, hypertension etc.) Please specify.		
	During any previous pregnancies have you experienced any pregnancy related complications? (Gestational diabetes, hypertension etc.) Please specify.		
Do you currently have any of the medical conditions listed below?			
	Yes	No	
• Lung Disease			
• Asthma			
• Badly Managed Diabetes			
• Heart Disease			
• Cancer			
• Liver Disease			
• Kidney Disease			
• Immuno-suppressed			
• Other (please specify)			
Do you take regular prescribed medications?			
If yes to the above, do you have enough medications for the next 14 days?			
Please list any prescribed medications that you are currently taking			
Section Four: Supplementary Information			Triage Assessment (Official Use Only)
Is there any other information, health or otherwise, that you would like to share with us that may be relevant to your stay in quarantine?			
Everyone copes with quarantine differently. Which		I am totally prepared to quarantine for 14 days	

of these statements most describes you? (Please tick) <i>Please note that this question is merely intended to help us to help you during quarantine.</i>	I think it will be OK		
	I don't know how I will cope		
	I am a little bit nervous		
	I am dreading having to quarantine for 14 days.		
Next of Kin Details			
• Name:			
• Relationship			
• Address			
• Contact Number			
• E-mail Address			

Thank you for providing this information

Once completed please return this via e-mail to both Dr Kamar Tanyan (Senior Medical Officer) and Georgina Young (Port Health)

kamar.tanyan@sainthelena.gov.sh

georgina.young@sainthelena.gov.sh