

# NEWS RELEASE



ANGTYOGSA020-03  
2020/01/308

**重要**

## ソロモン諸島コロナウィルス感染防止対策施行

ソロモン政府は、新型コロナウイルス感染、拡散防止の対策として、1月28日より下記を施行しましたのでご案内申し上げます。

1. ソロモン諸島に入国される全ての旅行者は、「旅行者公衆衛生宣言書」提出が必要です。付録の申告書を印刷、到着までにご記入下さい。
2. 全ての旅行者は入国時の体温により、入国をお断りする場合がございます。
3. 入国する15日以内に中国を旅行された旅行者で、急性呼吸器感染症を発症し、発熱、咳、呼吸困難などの症状がある場合は、下記に報告しなければなりません。

The Ministry of Health and Medical Service

Public Health Emergency and Surveillance Unit TEL +677 23650

4. 入国する15日以内に中国を旅行し、発熱や咳などの症状を有する旅行者は到着時に隔離され、コロナウィルス感染検査を受けていただきます

皆様のご理解とご協力を賜りますようお願い申し上げます。

ニューギニア航空  
予約発券課





TRAVELLER PUBLIC HEALTH DECLARATION CARD

Please fill up this form. The information is being collected as a part of the public health response to the outbreak of measles and novel coronavirus in many countries in the World. The information will be used by public health authorities in accordance with applicable national laws.

**Novel Coronavirus:** The novel coronavirus was reported from China in the first week of January, 2020. It cause flu-like symptoms including fever, cough, sore throat, nasal congestion, malaise, headache, muscle pain and there could be breathing difficulty.

Traveler Information: Flight number / ship number or name/ ground crossing: .....

Seat/ cabin/ coach number/name: .....

Last (Family) name:.....First (given) name:.....

Birth Date: Day.....Month.....Year

Sex: Male.....Female.....

Passport Country:.....Passport Number.....

Arrival Date: Day:.....Month.....Year

E-mail address:.....

Home address in country of residence:.....

Telephone Number in country of residence: (Include country code or country name:.....

Address for next 21 days in Solomon Islands:.....

Telephone number in Solomon Islands for next 21 days:.....

**Public Health Information:**

**SECTION 1:**

Today or in the past 15 days, have you had/or having any of the following symptoms?

Question 1:	Fever or feeling feverish	YES	NO
Question 2:	Rash	YES	NO
Question 3:	Red Eyes	YES	NO
Question 4:	Cough	YES	NO
Question 5:	Breathing Difficulty	YES	NO

**SECTION 2:**

In the past 21 days, have you done any of the following?

Question 6:	Lived in the same households or had contact (e.g. friends, relatives) with a person sick with			
	Measles?	YES	NO	Don't know
	Novel coronavirus?	YES	NO	Don't know
Question 7:	Worked in a health care facility treating measles patients or worked in a laboratory analysing measles specimens or coronavirus samples?	YES	NO	Don't know

Question 8	Have you been in China in last 15 days?	YES	NO	Don't know
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SECTION 3:

Question 9:	Have you ever been immunized with measles vaccine OR had measles in the past	YES	NO	Dont know
Question 10:	Are you suffering from TB currently	YES	NO	Dont know

Countries Visited: List all countries where you have been in the past 21 days (including airport and port transits and where you live). List the most recent country first (Where you boarded).

1.....2.....3.....

Signature of the Traveler