

NEWS RELEASE



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2020/02/17

重要

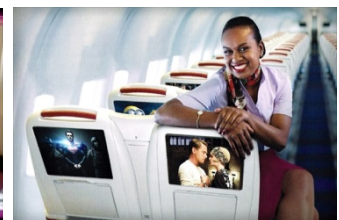
PNG コロナウィルスに関する健康申告書の更新

1月下旬より施行しておりますパプアニューギニア、新型コロナウイルスに関する申告書が更新されました。

パプアニューギニアへ渡航される方は、付録の健康申告書を印刷いただき、ポートモレスビー到着までにご記入、提出して下さい。

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



〈本件に関するお問い合わせ先〉
ニューギニア航空（GSA 株式会社アルコネット）
TEL: 03-5733-7109 FAX: 03-5733-2568 E-mail: info@airniugini.co.jp

PNG Health Declaration Form

2. Have you been to any other parts of China in the last 14 days?	(Circle) Yes / No
3. If you answered "Yes" to Q2, state purpose of visit in China. (If you answered "No", go to Q4)	Chinese resident / Work /Studying / Transit / Other? (Please state). _____ If you tick one of the above, which city or province did you spend most of your time? _____ For how long have been in China (state number of days): _____
4. Have you any had close contact with a confirmed case of 2019-nCoV?	(Circle) Yes / No If yes, when and where? _____ _____
5. Are you a health care worker who has cared for patients with respiratory infections; or worked in the environment where they are cared for?	(Circle) Yes / No If Yes, please provide details: _____ _____
6. Do you have cough?	(Circle) Yes / No If Yes, write the date of onset: _____ Number of days since onset: _____
7. Do you have a fever?	(Circle) Yes / No
8. If you answered "yes" to Q7, please give temperature . If "no", go to Q9.	Temperature reading (if checked): _____
9. Did you get any treatment?	(Circle) Yes / No If Yes, please provide details of the treatment: _____ _____
10. Did any of your family members develop the fever and cough?	(Circle) Yes / No If Yes, how many family members are affected: _____ Please provide details of treatment, if any: _____ _____
11. Do you have other diseases?	If Yes, please provide details and treatment being taken: _____ _____

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Government of Papua New Guinea Health Declaration Form

Required Information	Details
Flight Details	Vessel/Flight #: _____ Date of arrival: (day/month/year): ____/____/____
Travel itinerary	Original Port/Country of Departure: _____ Port/Countries of Transit from: _____ _____ Port/Countries of Transit to: _____ _____
Personal details Male Female	Name (as it appears in the passport): _____ Nationality: _____ Occupation: _____ _____
Passport # and Date of birth (day/month/year)	Passport #: _____ Date of birth: _____ _____
Contact details	City: _____ Province of residence: _____ Overseas Address: _____ _____ Address in Papua New Guinea: _____ _____ Email address: _____ Phone # + alternate ph#: _____ _____
Questions on Health Status and Travel History	
1. Have you lived, travelled to or visited a live animal market in Wuhan, Hubei Province, China in the last 14 days?	(Circle) Yes / No If Yes, state purpose of visit to Wuhan? _____ _____



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