

| CREW COVID-19 STATUS CARD | | | | | | | |
|--|--|-------|--|----------|--|------------------------|--|
| <p>Purpose of this card: Information to be recorded by crew prior to departure to confirm their COVID-19 health status and to facilitate processing by State's Public Health Authorities.</p> <p>Notwithstanding completion of this card, a crew member might still be subjected to additional screening by Public Health Authorities as part of a multi-layer prevention approach e.g. when recorded temperature is 38°C or greater.</p> | | | | | | | |
| <p>1. During the past 14 days, have you had close contact (face-to-face contact within 1 meter and for more than 15 minutes or direct physical contact) with someone who had symptoms suggestive of COVID-19?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> | | | | | | | |
| <p>2. Have you had any of the following symptoms during the past 14 days:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Fever</td> <td style="width: 50%;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Coughing</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Breathing difficulties</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> | | Fever | Yes <input type="checkbox"/> No <input type="checkbox"/> | Coughing | Yes <input type="checkbox"/> No <input type="checkbox"/> | Breathing difficulties | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Fever | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| Coughing | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| Breathing difficulties | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| <p>3. Temperature at duty start:</p> <p>Temperature not recorded due to individual not feeling/ appearing feverish <input type="checkbox"/></p> <p>Temperature in degrees C° <input type="checkbox"/> / F° <input type="checkbox"/> : _____</p> <p>Date: _____ Time: _____</p> <p>Recording method: Forehead <input type="checkbox"/> Ear <input type="checkbox"/> Other <input type="checkbox"/> _____</p> | | | | | | | |
| <p>4. Have you had a positive <u>PCR</u> COVID-19 test during the past 14 days?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attach report if available</p> | | | | | | | |
| <p>Crew member Identification:</p> <p>Name: _____</p> <p>Airline/ aircraft operator: _____</p> <p>Nationality and Passport No: _____</p> <p>Signature: _____</p> <p>Date: _____</p> | | | | | | | |

Public health corridor (PHC) Form 1
