

TRAVELER INFORMATION

PERSONAL INFORMATION

FULL NAME			
AGE		GENDER	
NATIONALITY		PASAPORT No	
FLIGHT N°		SEAT N°	
DATE OF ARRIVAL TO PERU		PLACE OF ENTRY	
CURRENT ADDRESS			
COUNTRY WHERE TRIP BEGAN			
FAMILY CONTACT NUMBER			
PERSONAL CONTACT NUMBER			
ITINERARY OF PAST 30 DAYS (PLACE AND DATE)			

EPIDEMIOLOGICAL INFORMATION

NOTICE OF EXPOSURE TO RISK			
DATE:		PLACE:	
REASON FOR EXPOSURE (INDICATE OF PERSONAL PHYSICIAN OR OTHERWISE):			
INDICATE IF PERSONAL PHYSICIAN:			
PLACE AND ADDRESS OF STAY IN PERU:			
TELEPHONE / E-MAIL			
SYMPTOMS, IF INDICATED IN THE PAST 24 HOURS:			
FEVER ABOVE 38°		BRUISING OR BLEEDING	
OTHER SYMPTOMS			