



GOVERNMENT OF THE VIRGIN ISLANDS DEPARTMENT OF HEALTH

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Virgin Islands Department of Health COVID-19 Traveler Screening Tool

The information is being collected as a part of the public health response to the outbreak of the coronavirus in many countries in the World and the United States. The information will be used by the Epidemiology Division within the Department of Health as part of the surveillance activities aimed at reducing the transmission of the COVID-19 virus in the territory.

Section 1: Passenger Information

Name (Last, First, MI)	Sex: M F	Date of Birth(dd/mm/yyyy)	
Traveling with anyone?	Y N	Relationship:	Name(s)
What is the purpose of your trip? Business___ Vacation___ Returning home___ Other (specify)___			

Section 2: Contact Information

Local Address (if staying in the territory):	Work Phone:
	Cell Phone:
	Email Address(work)/ Email address(personal):

Section 3: Public Health Information

Today or in the past 14 days, have you had any of the following symptom?		
Yes No	1. Fever (100.4 F) or higher	
Yes No	2. Fatigue	
Yes No	3. Body aches	
Yes No	4. Persistent Cough	
Yes No	5. Difficulty Breathing	
Yes No Don't Know	6. Loss of taste and smell	
Yes No Don't Know	7. Any other symptoms (Please indicate):	
Yes No Don't Know	8. Lived in a household or had contact with a person sick with COVID-19?	
Yes No Don't Know	9. Have been in contact with a person or persons who tested positive for COVID-19?	

Section 4: Recent Travel Information

List the state or country of embarkation prior to arrival into the Territory.

State/Country: _____

Airport: _____

I attest that all the information provided here in are true and accurate. I have been notified that I must adhere to all local COVID-19 mandates and regulations.

Signature: _____

Date: _____

Section 5: COVID-19 Traveller Test Results				
(Authorized Persons Only)				
Name of Traveller:			Date of Birth:	
Type of Test Presented:			Results:	
PCR	Antibody	No Test Presented	Positive	Negative
Date of Test (dd/mm/yyyy)				
Name of Traveller:			Date of Birth:	
Type of Test:			Results:	
PCR	Antibody	No Test Presented	Positive	Negative
Date of Test (dd/mm/yyyy)				
Name of Traveller:			Date of Birth:	
Type of Test Presented:			Results:	
PCR	Antibody	No Test Presented	Positive	Negative
Date of Test (dd/mm/yyyy)				
Name of Traveller:			Date of Birth:	
Type of Test:			Results:	
PCR	Antibody	No Test Presented	Positive	Negative
Date of Test (dd/mm/yyyy)				
Name of Traveller:			Date of Birth:	
Type of Test Presented:			Results:	
PCR	Antibody	No Test Presented	Positive	Negative
Date of Test (dd/mm/yyyy)				
Name of Traveller:			Date of Birth:	
Type of Test:			Results:	
PCR	Antibody	No Test Presented	Positive	Negative
Date of Test (dd/mm/yyyy)				
Name of Traveller:			Date of Birth:	
Type of Test Presented:			Results:	
PCR	Antibody	No Test Presented	Positive	Negative
Date of Test (dd/mm/yyyy)				