



GUAM HEALTH DECLARATION



Each arriving traveler must submit a completed Health Declaration (one Declaration form per passenger is required). **PLEASE COMPLETE THE FORM IN ENGLISH.**

TRAVEL HISTORY	DATE OF ARRIVAL IN GUAM: _____ / _____ / _____ <small>MM DD YYYY</small>		<input type="checkbox"/> PASSENGER
	AIRLINE/VESSEL NO.: _____		<input type="checkbox"/> CREW : / / Resident / / Non-Resident
	ORIGINATING FROM: _____		SEAT NO.: _____
	PLEASE CHECK/LIST ALL COUNTRIES VISITED AND TRANSITED IN THE LAST 14 DAYS: <input type="checkbox"/> CHINA <input type="checkbox"/> SOUTH KOREA <input type="checkbox"/> MACAO SAR <input type="checkbox"/> MALAYSIA <input type="checkbox"/> SINGAPORE <input type="checkbox"/> CANADA <input type="checkbox"/> FSM <input type="checkbox"/> IRAN <input type="checkbox"/> JAPAN <input type="checkbox"/> VIETNAM <input type="checkbox"/> TAIWAN <input type="checkbox"/> NEW ZEALAND <input type="checkbox"/> AMERICA SAMOA <input type="checkbox"/> CNMI <input type="checkbox"/> ITALY <input type="checkbox"/> HONG KONG <input type="checkbox"/> THAILAND <input type="checkbox"/> CAMBODIA <input type="checkbox"/> AUSTRALIA <input type="checkbox"/> MARSHALL ISLANDS <input type="checkbox"/> PALAU <input type="checkbox"/> PHILIPPINES <input type="checkbox"/> UNITED STATES _____ <input type="checkbox"/> Other (Specify) _____ <small>(Specify) _____</small>		
PERSONAL INFORMATION	PASSPORT: (COUNTRY) _____		PASSPORT NO.: _____
	NAME: LAST NAME (or SURNAME): _____		FIRST & MIDDLE NAME: _____
	DATE OF BIRTH: _____ / _____ / _____ <small>MM DD YYYY</small>		SEX: _____ NATIONALITY: _____
	NUMBER OF FAMILY MEMBERS TRAVELING WITH YOU (including self): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		
	WORKPLACE: _____		OCCUPATION: _____
	GUAM ADDRESS: _____ <small>HOTEL/VILLAGE</small>		<input type="checkbox"/> RESIDENT <input type="checkbox"/> VISITOR
TEL NO.: () _____		EMAIL ADDRESS: _____	
MEDICAL HISTORY	PLEASE CHECK IF YOU HAVE ANY OF THE FOLLOWING AT PRESENT OR DURING THE PAST 14 DAYS: <input type="checkbox"/> FEVER _____ ° F / C <input type="checkbox"/> SORE THROAT <input type="checkbox"/> BRUISING/BLEEDING <input type="checkbox"/> NAUSEA <input type="checkbox"/> HEADACHE <input type="checkbox"/> BODY WEAKNESS <input type="checkbox"/> RASHES <input type="checkbox"/> VOMITING <input type="checkbox"/> COUGH <input type="checkbox"/> JOINT/MUSCLE PAIN <input type="checkbox"/> RED EYES <input type="checkbox"/> DIARRHEA <input type="checkbox"/> DIFFICULTY BREATHING / SHORTNESS OF BREATH <input type="checkbox"/> OTHER (SPECIFY): _____		
	DID YOU VISIT ANY HEALTH WORKER, HOSPITAL, CLINIC OR NURSING HOME?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	DID YOU VISIT ANY POULTRY FARM OR ANIMAL MARKET?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	HAVE YOU OR ANY OF YOUR FAMILY MEMBERS BEEN IN CLOSE CONTACT WITH A PERSON WHO HAS A FEVER, COUGH AND/OR RESPIRATORY PROBLEMS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	ANY OTHERS SICK WITHIN YOUR FAMILY/GROUP?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	LIST ANY MEDICATION TAKEN IN THE LAST 4-6 HRS: _____		

The Department of Public Health and Social Services' (DPHSS) mission is to protect Guam against all health-related threats that pose the greatest risk to our island community. During a Public Health Emergency, health screeners are authorized to ask you questions involving prior travel history and health informat **FALSE STATEMENTS ARE PUNISHABLE BY LAW.**

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF GUAM THAT I HAVE READ AND UNDERSTOOD THE REQUIREMENTS OF THIS FORM AND THAT ALL WRITTEN STATEMENTS THAT I HAVE MADE ARE TRUE AND CORRECT.

DPHSS REVIEW:

- TRAVEL HISTORY COMPLETE
- NAME
- DOB & SEX
- GUAM ADDRESS
- TELEPHONE
- EMAIL (if any)

SIGNATURE

Parent/Guardian signature required for minors.

DATE (MM/DD/YYYY)

1 PER PASSENGER

FORM FAQs**Who should be filling out this form?**

All passengers and crew members arriving into Guam who will be deplaning and exiting the Guam Customs and Quarantine Facility are required to provide this form to a Health Screening Official.

Why am I filling out this form?

Given the recent global concerns associated with infectious diseases such as the Novel Coronavirus (COVID-19) this form will enable Guam Officials the ability to actively engage travelers and protect the health of all individuals within our borders.

What do I do after I fill out the form?

Screening Officials at the DPHSS processing station will collect this form before proceeding through to Customs & Quarantine.

Will my information be public?

No. It is against the Health Insurance Portability and Accountability Act to provide an individual's personal health information to any entity or authority outside a Healthcare setting unless authorized by the individual in question.

Where does my information go after I have provided it on the Health Declaration Form?

Guam Health Officials will be storing their data into Health Files within our facility, away from Public view.

If I am pulled for a Health Screening, what can I expect?

Health Officials are trained to ask you several questions such as travel history and health related concerns involving you or a family member. The process will only take a few minutes so you may enjoy your time in Guam.

What If I do have an illness?

Guam Officials have trained staff of medical professionals who will provide care based on guidance provided by U.S. Centers for Disease Control (CDC) on treatment and clinical management. Your health is a priority to us and all citizens of Guam.

What do I expect if I have an illness?

If you have an illness you won't be denied entry into Guam if you report symptoms of illness you or your family member is experiencing.

DIRECTIONS FOR AIRLINES

Hafa Adai! We would like to thank you for your vested interest in keeping Guam a healthy and viable community. We kindly ask that you provide this "Guam Health Declaration Form" to each passenger prior to deplaning. A Health Screening Official will collect these forms from the passenger and initiate an expedited review to ensure all arriving passengers do not pose a health risk to Guam or its residents. We thank you for your assistance and look forward to continuing a partnership that fosters healthy outcomes for all travelers and airline personnel.