

PNG IMMIGRATIN AND CITIZENSHIP AUTHORITY

SUPPLEMENTARY HEALTH FORM

THIS FORM MUST BE COMPLETED BY ALL FOREIGN NATIONAL APPLYING FOR A PNG VISA

The Papua New Guinea Immigration and Citizenship Service Authority (ICA) administer the Migration and Citizenship Acts and are responsible for assessing and issuing visas to foreign nationals and passports to PNG Citizens. Foreign nationals seeking to travel and enter PNG cannot be granted a visa or entry to PNG if they represent a public health risk to the PNG Community.

The Corona Virus causing pneumonia like symptoms is of the same viral family as the Middle East Respiratory Syndrome (MERS) which present a very serious public health risk. The following questions are to enable appropriate assessment of persons under the PNG Migration, Quarantine and Health Acts.

This form should be completed by visa applicants 18 years or over. Parents who have included minors on their visa application form should complete a separate form on each minor's behalf.

Name:	
Date of Birth:	
Nationality:	
Passport Number:	
Date of arrival or intended arrival in PNG:	
	sited through Wuhan in China and or; transited through Southing, Singapore, Malaysia and the United States of America
Yes/No	

2.	. If you circled "Yes" to question 1, please provide further details of when you were in these countries; the nature/purpose of your travel/stay there; the areas in these countries you visited; and whether you came into any contact with anyone (alive or dead) who was or may have been infected by the Coronavirus.			
3.	. Do you currently have any of the following symptoms below?			
	• Coughing:	Yes □ No □		
	• Running nose:	Yes □ No □		
	• A high fever:	Yes □ No □		
	• A sore throat:	Yes □ No □		
	• Headaches:	Yes □ No □		
5.	•	to, visiting or transiting through China or	any other country where the	
	Coronavirus has not been contained prior to travelling to PNG?			
	Yes/No			
	It is an offence under the Migration Act to provide false or misleading information in respect of entry to PNG which can lead to visa, uplift or entry refusal and/or criminal charges.			
	I hereby declare that the information I have provided is truthful and accurate.			
			FOR OFFICE USE ONLY:	
	Signature		From assessed by:	
	Signature			
	Date:		Date: Assessment: Cleared/Additional Medical Check	