



TURKISH REPUBLIC OF
NORTHERN CYPRUS
MINISTRY OF HEALTH



Ebola virus disease (EVD) information form

Date: Flight No:

1. Have you been to Guinea, Liberia, Sierra Leone, Nigeria or any country in Africa in the last 3 weeks?

Yes No

2. Do you have fever?

Yes No

3. Have you contacted closely to infected people in these countries?

Yes No

4. Have you consumed, contacted with or handled wild animals, alive or dead or their raw or undercooked meat?

Yes No

5. Have you had unprotected sexual contact /intercourse with anyone from these countries in the last month?

Yes No

● Name-Surname:

● Your Age:

● Countries you have been to:

● Reasons for coming to TRNC:

Work

Education (school / university name)

Holiday

Citizen

● Phone number:

Mobile:

Work:

Home:

● E-mail:

● Home address in T.R.N.C:

● In case of emergency, person to contact:

Name-Surname:

Phone:

Address: