



Medical Clearance Health Documentation Check in Form MoH 001/20

Name (First, Last):

Passport Number:	Sex : Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth: / / 20.....
Phone Number:	Email:	Samoan Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>
Any History of Respiratory Problems or Chronic Illness: (Please Circle) Hypertension / Diabetes Mellitus / Heart Disease / Asthma / COPD.....		

Declaration: <i>(Penalties will be imposed for false declarations)</i>	I(insert name) declare that all information provided in this Form is true and accurate and I solemnly declare that I have not been diagnosed and/or infected with COVID 19 with in the past six (6) months**.
	Signature of Passenger
	Witnessed by the Medical Officer/Doctor.....(as per the Doctor's details provided below)

COVID19 Related Signs and Symptoms Yes (✓) No (X)	Fever/ Chills	Cough / Shortness of breath	Loss of taste or smell	Generalized Body Weakness	Diarrhea/Nausea/Vomiting
Measured Vitals:		Other Conditions/Symptoms/Notes:			
Temperature:	°C				
Blood Pressure:	mmHg				
Oxygen Saturation:	%				
Respiratory Rate:	bpm				
Pulse:	bpm				

COVID19 PCR Laboratory Test (Please Attach Copy of Lab Result or an Email informing of Result; Dated and Verified.)

Name of Laboratory/Site Lab Testing Facility (COVID19 Testing):	Test Reference Number:	
Address:		
Specimen:	Nasopharyngeal COVID-19 swab OR Oral pharyngeal COVID19 swab	Result as Reported; <input type="checkbox"/> Positive <input type="checkbox"/> Negative
Date:	Collected; / / 20.....	Reported; / / 20.....

Doctor and Clinic Details

Name of Doctor** (PRINT): <i>(Registered General Practitioner; Respiratory Clinician or Attending Physician)</i> Address (PRINT) : Email (PRINT): Signature: Registration Number: Clinic Stamp and Date

NOTE: Medical Report and COVID19 Lab Test **MUST be Done within 72 hours** prior to Arrival. Copy of Lab Result must be verified and attached or an Email informing of Result – Both are requirements for Boarding and on Arrival.

****Any intending traveller with a history of a positive COVID 19 rtPCR test is not allowed to travel to Samoa:**

- Unless Six (6) months have passed from date of the positive test result and
- Must provide proof of 3 consecutive negative test results 7 days apart after six months have passed and
- Required to have blood serology (Antibody) test done within 72 hours of arrival and
- All COVID 19 PCR test results and Serology tests must be submitted via email to Director General of Health on email ceo@health.gov.ws and Dr Robert Thomsen email robertt@health.gov.ws
- Must comply with all requirements stated in the travel advise.