



PNG IMMIGRATION AND CITIZENSHIP SERVICE AUTHORITY

SUPPLEMENTARY HEALTH FORM

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

The Papua New Guinea Immigration and Citizenship Service Authority (ICSA) administers the Migration and Citizenship Acts and is 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 Ebola Virus Disease and Middle East Respiratory Syndrome (MERS) are very serious public health risks. The following questions are to enable appropriate assessment of persons under the PNG Migration, Quarantine and Health Acts.

This form should be completed by all 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:/...../.....

1. In the last 21 days have you visited or transited through Liberia, Sierra Leone or Guinea or any other country where the Ebola Virus Disease has not been contained?

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 any one (alive or dead) who was or may have been affected by the Ebola Virus Disease.

3. Do you currently have any of the following symptoms?

- Vomiting
- Diarrhoea
- A fever
- A sore throat

Yes / No

4. If you circled "Yes" to Question 2, please provide further details below.

5. Will you be travelling to, visiting or transiting through Liberia, Sierra Leone or Guinea or any other country where the Ebola Virus Disease 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.

.....

Signed

Date:/...../.....

FOR OFFICE USE ONLY:

Form assessed by:

Date

Assessment: Cleared / Additional Medical Check