



सत्यमेव जयते

**Department of Health and Family Welfare
Government of Meghalaya**

SELF REPORTING FORM

FOR ALL TRAVELLERS ARRIVING FROM CORONAVIRUS (COVID – 19) AFFECTED AREAS

All persons coming to the state of Meghalaya(Citizens/ Tourists) from COVID-19 affected Areas are required to fill-up this form and provide accurate information as a mandatory requirement to safeguard your own health and that of others (Refusal to fill up this form/ providing false information may result in administrative actions):

Personal Information:

1	Name of the traveller:				
2	Age:				
3	Gender:				
4	Address of Stay in Meghalaya	House No./ Hotel Name: Locality: Village/City: District:			
5	Date of Arrival:				
	Flight No./ Vehicle No.:				
	Seat No. (If arrived by flight):				
6	Phone Number:				
7	Email ID:				
6	Travel Route and mode of transport into Meghalaya with dates. (Please mention the route and mode of travel e.g. flight details/train details since departing from your Place of origin till your arrival in Meghalaya)	Date	Mode of travel	Starting From	End Point

- A. Have you visited any of the Coronavirus disease affected areas in the past one Month (Yes/No)
- B. Do you have any history of contact with any suspected or laboratory confirmed case of Coronavirus disease? (Yes/No)
- C. If Yes, please provide details of where and when the contact happened:
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- D. Are you suffering from any of the following symptoms (Encircle)?

- | | | |
|------------------------|-----|----|
| • Fever | Yes | No |
| • Cough | Yes | No |
| • Respiratory Distress | Yes | No |

***** As per Government Advisory you are to strictly remain at home for 14 days from the date of arrival and avoid going outdoors. In case you develop Fever/Cough/ Difficulty in breathing within these 14 days immediately call toll free 24 X 7 helpline number 108.**

Signature of Passenger