



SWINE INFLUENZA A (H1N1) INVESTIGATION FORM
APPENDIX TO IMMIGRATION FORM

Please help us to prevent the spread of **SWINE INFLUENZA A (H1N1)** by answering the following questions:

1. Flight # /Vessel Name _____ 2. Boarded At: _____

3. Name: _____ 4. D.O.B. __/__/__ 5. Age: _____(years)
DD MM YY

6. Sex: _____ 7. Date of Arrival: _____ 7. Intended Date of Departure: _____

8. Home Address (Street Address/ Apt#): _____

9. City/Town: _____ 10. State/Province _____ 11. Zip Code: _____

12. Country: _____ 13. Nationality: _____ 14. Telephone #: _____

15. Intended address in the Turks and Caicos (Hotel/Street Address/ Apt #, Country)

16. Countries visited during the last three weeks:

17. Do you currently have any of the following signs and symptoms?

Fever Yes No

Cough Yes No

Sore Throat Yes No

Chills Yes No

Fatigue Yes No

18. Have you been in direct contact with anyone with Swine Influenza A (**H1N1**) within the last three weeks?

Yes No

19. Have you been in direct contact with pigs within the last three weeks?

Yes No