



TRINIDAD AND TOBAGO CIVIL AVIATION AUTHORITY

Covid-19 Visitor Health Screening Form



All visitors entering the TCA's Administrative Complex to conduct business e.g. work, meetings or training **MUST** complete this form.

Kindly complete and return same to the TCA's Security Representative.

Name: _____ Company: _____

Address: _____

Country of Residence: _____

Have you travelled overseas in the last three weeks?: Yes No

If yes, please list countries you visited including in-transit locations:

Have you been in direct or indirect contact with any person who was diagnosed with Covid-19 within the last 14 days? Yes No

If yes, please supply details

If you have any of the following symptom(s), please tick the relevant box(es)

- Fever Dry Cough Body aches Headaches
 Sore Throat Runny Nose Tiredness Shortness of Breath
 Others: _____

Have you adhered to your Company policy and protocol on Covid-19? Yes No

By signing, I declare that the responses contained are true and correct.

Visitor Name: _____

(Block Letters)

Signature: _____

Date: _____