



To protect your health, public health officers need you to complete this form. Your information would help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes.

## WRITE CLEARLY AND IN BLOCK LETTERS

### PERSONAL DATA

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Nationality: \_\_\_\_\_ Gender: \_\_\_\_\_

DOB: \_\_\_\_\_ Emirates ID/Passport: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### EMPLOYMENT DATA

Job Category: \_\_\_\_\_ Employer/place of work: \_\_\_\_\_

Employer address and contact details: \_\_\_\_\_

### ACCOMODATION DATA

Address in the United Arab Emirates: \_\_\_\_\_

Do you live in:

Villa  Flat  Hotel  Apartment

Shared Accomodation  Staff Accomodation

If shared accommodation, how many people are living in the same accommodation:

\_\_\_\_\_

Do you have a separate toilet?

Yes  No

If required, are you able to self-isolate?

Yes  No

If YES, please specify: \_\_\_\_\_

If self isolation is required, can you fund your stay in isolation? (minimum \$50 per day)

Yes  No

If NO, please specify: \_\_\_\_\_



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### MEDICAL DATA

Do you have a chronic medical condition such as diabetes, hypertension, cancer, immune compromising disorder?

Yes  No

If YES, please specify: \_\_\_\_\_

Are you currently on any medication?

Yes  No

If YES, please specify: \_\_\_\_\_

Do you have anyone living with you who is above 60 years of age?

Yes  No

Do you have anyone living with you who is suffering from low immunity or chronic disease (diabetes, hypertension, cancer, etc.)

Yes  No

If YES, please specify: \_\_\_\_\_

Do you have health insurance?

Yes  No

### AGREEMENT

I understand that this form will be used for public health matters, and I confirm that I have filled the information required accurately

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_