CENTER FOR INFECTIOUS DISEASE PREVENTION AND CONTROL

INFORMATION CARD

Carrier (Air line) ..... Flight No..... Time : .....

Arriving From ..... / Traveling (last 7 days) .....

Duration of stay in the mentioned Country :..... .... Transit ....

Date of departure the mentioned Country .....

Name..... Nationality.....

Sex ..... Date of birth :- ..... / ..... /..... Passport No .....

I had flu ((last 2 Weeks)) ?	**yes**	☐	☐	**no**
I had a Fever Last 2 weeks ?	**yes**	☐	☐	**no**
I had Cough Last 2 Weeks ?	**yes**	☐	☐	**no**
I lived with a person with a Flu-like Symptoms ?	**yes**	☐	☐	**no**

Employment Place in Libya .....

Full Address : .....

Telephone No ..... Email .....

In case of feeling Flu – like symptoms, Please contact

0514626163 or 0514626022 or 0217153312 or To The Nearest Infectious Diseases Center

Websit ; www.nidcc.org.ly or www.avinanflu.or.ly E-mail ; info@nidcc.org.ly

Date ..... / ..... / ..... **Signature.....**