



PNG IMMIGRATION AND CITIZENSHIP AUTHORITY

SUPPLEMENTARY HEALTH FORM

THIS FORM MUST BE COMPLETED BY ALL FOREIGN NATIONAL APPLYING FOR A PNG VISA

The Papua New Guinea Immigration and Citizenship Authority (ICA) administer the Migration Act and are responsible for assessing and issuing visas to foreign nationals and passports to PNG Citizens. Foreign nationals seeking to travel and enter PNG cannot be granted a visa or entry to PNG if they present a public health risk to the PNG Community.

The Corona Virus causing pneumonia like symptoms is of the same viral family as the Middle East Respiratory Syndrome (MERS) which present a very serious public health risk. The following questions are to enable appropriate assessment of persons under the PNG Migration, Quarantine and Health Acts.

This form must be completed by visa all applicants 18 years or over.

Name:

Date of Birth:

Nationality:

Passport Number:

Date of arrival or intended arrival in PNG:

1. In the last 21 days have you visited or transited through Wuhan in China and or; transited through South Korea, Japan, Taiwan, Macau, Hong Kong, Singapore, Malaysia, Australia, Philippines, Thailand and the United States of America where cases have been reported.

Yes

No

2. If you select “Yes” to question 1, please provide further details of when you were in these countries; the nature/purpose of your travel/stay there; the areas in these countries you visited; and whether you came into any contact with who may have been affected by the Coronavirus.

Yes No

3. Do you currently have any of the following symptoms?

Coughing
Runny nose
A high fever
A sore throat
Head aches

4. If you select “Yes” to Question 2, please provide further details below:

5. Will you be travelling to, visiting or transiting through China or any other country where the Coronavirus has not been contained prior to travelling to PNG?

Yes No

It is an offence under the Migration Act to provide false or misleading information for the purpose of obtaining a visa to gain entry into Papua New Guinea.

I hereby declare that the information I have provided is true and accurate.

.....
Signature

Date:

FOR OFFICE USE ONLY:

From assessed by:

Date:

Assessment: Cleared/Additional Medical Check