



Republic of the Marshall Islands  
**MINISTRY OF HEALTH AND HUMAN SERVICES**  
 P.O. Box 16 Majuro, Marshall Islands 96960  
 Phone: ER (692) 625-4144/4357



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Passport #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F

Originating from: \_\_\_\_\_ Flight #: \_\_\_\_\_ Seat #: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Resident  Visitor

Address while in the R.M.I.? (Hotel) \_\_\_\_\_

Contact #: \_\_\_\_\_ Duration of Stay (in days) : \_\_\_\_\_

**List all countries you have visited Within the last fourteen (14) days,**  
 (Jouj im uaak ijin ilal ilo jimwe im mool)

Originating and transiting Country	Date visited	Originating and transiting Country	Date visited

**Within the last fourteen (14) days, including today, have you been having:**  
 (Iloaan 14 raan ko-rej jemlok lok koba rainin, kwaar ke:)

SYMPTOMS	YES	NO	SYMPTOMS	YES	NO
Fever/PIPA (>38.6C or 101.5F)			Raised red, non-blistering rash (bok aidrik)		
Sore throat (metak buruom)			Red eyes (biroro loan mejed)		
Cough (bokbok)			Runny Nose (uwur)		
Difficulty breathing (ikkijelok/kajinok)			Other: (specify)		

If you develop any of these symptoms, call Dr. Aina Garstang: 455-4031 or Dr. Tom Jack: 456-0964 or ER: 625-4144/ 625-4357 Please inform the Immigration officer to direct you for further assistance.



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