

Appendix E5: Routine response screening form – ill traveller

ILL TRAVELLER ON-BOARD INTERNATIONAL FLIGHT – ROUTINE RESPONSE SCREENING FORM (public health)

Screening form **completed by Airport Fire** (at regional airports Ambulance to complete)
for ill traveller exhibiting symptoms of concern

PHS Name:
Phone:
Email:

Name of person completing form:	Phone no.:
Name of airport:	
Date of notification:	Time: hrs

Passenger details			
Name:		Date of birth:	
Contact details in NZ:		Country of residence:	
Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what language:	
Passport no.:	Flight no:	Seat no.:	
Port of origin:	Flight arrival time:		
Is ambulance in attendance or been called?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Symptoms of public health concern (public health notification criteria: fever PLUS one other symptom of concern)			
Fever ($\geq 38^{\circ}\text{C}$)	<input type="checkbox"/> Yes	Appearing obviously unwell	<input type="checkbox"/> Yes
Cough (onset within last week)	<input type="checkbox"/> Yes	Skin rash	<input type="checkbox"/> Yes
Impaired breathing	<input type="checkbox"/> Yes	Abnormal bleeding or bruising	<input type="checkbox"/> Yes
Vomiting (≥ 3 episodes in 24 hours)	<input type="checkbox"/> Yes	Confusion (onset within last week)	<input type="checkbox"/> Yes
Diarrhoea (≥ 3 loose stools in 24 hours)	<input type="checkbox"/> Yes		
Onset date:	Duration of illness: hrs		
Was there contamination of the aircraft cabin/toilet with body fluids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

Additional symptoms (if present)			
Muscle aches/pain	<input type="checkbox"/> Yes	Vomiting with blood	<input type="checkbox"/> Yes
Jaundice (yellowing of whites of eyes/skin)	<input type="checkbox"/> Yes	Chills	<input type="checkbox"/> Yes
Headache	<input type="checkbox"/> Yes	Sore throat	<input type="checkbox"/> Yes
Inflamed lymph nodes	<input type="checkbox"/> Yes	Nausea	<input type="checkbox"/> Yes
Other (specify):			

Travel history – List countries visited in the previous 2 weeks	
1.	4.
2.	5.
3.	6.

Additional details of ill traveller(s) if available (i.e. is traveller vaccinated for measles if have rash, travelling companions, any recent contact with person with similar symptoms, etc.)

Advice given or referral made by Airport Fire ill traveller			
<input type="checkbox"/> Referral to hospital	<input type="checkbox"/> Referred to 24 hour medical centre	<input type="checkbox"/> Referred to other GP	<input type="checkbox"/> Referred to Ambulance
<input type="checkbox"/> Advice given (specify):			

ACTION

Email form to PHS (information only)	<input type="checkbox"/> Yes	Date:	Time:
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