



**Government of Niue
Boarder Control Health Arrival Form
(Public Health Act 1965)**

All passengers are hereby asked to please provide honest answers to all questions below

Full Name :

Nationality: _____ Sex: _____

Age: _____

Occupation: _____

Date of Arrival: ____/____/ 2014
you: ____

Number of people travelling with
you: ____

Aircraft/Vessel Name: _____ Flight/Voyage no: _____ Seat No

Overseas Address:

Please list all the countries visited over the last 14 days

Are you a : Visitor Returning resident

If you are a visitor, when are you going to leave Niue, date: ____ / ____ / 2014

Returning Resident: Name of village: _____ Phone:

Visitors Only: Address in Niue:

Health Related Questions: [Please tick the appropriate answer]

Have you experienced any of the following symptoms in the last 10 days? [If yes to any of the symptoms please state the date of onset]

Fever Yes No ... / / Abdominal pain Yes No ... /
... /

Pain behind eye Yes No ... / / Muscle aches/pain Yes No ... /
.... /

Nausea/vomiting Yes No / / Rash Yes No /
.... /

Head ache Yes No ... / /
..... / /

Joint Pains Yes No

If you have or have had other symptoms, please include them below:

Please Note:

If you become ill in Niue within the next 7 days, please contact the Medical Officer at Niue Foo Hospital immediately on phone number 4100.

Thank you - Niue Health Department