

HEALTH ALERT CARD
MINISTRY OF HEALTH REPUBLIC OF INDONESIA



**MUST BE FILLED
COMPLETELY**

Name : _____ Sex: M/F
 Place / Date of Birth : _____
 Nationality : _____
 Passport No./IC : _____
 Arrived from : _____ Date: _____
 Ship/Flight Name : _____
 Phone No. : _____
 Destination address : _____

	Dose	Date	Name of Vaccine
Vaccination	D1		Sinovac, Pfizer, Moderna, AstraZeneca, J&J Cansino, Sinofarm, CanSino Others.....
	D2		Sinovac, Pfizer, Moderna, AstraZeneca, J&J Cansino, Sinofarm, CanSino Others.....
	D3		Sinovac, Pfizer, Moderna, AstraZeneca, J&J Cansino, Sinofarm, CanSino Others.....

Date/Time PCR : _____ Location: _____ Result: _____

The country you visited in last 14 days:

Country/ City	Date of Arrival	Date Of Departure
_____	_____	_____
_____	_____	_____
_____	_____	_____

At present, are suffering from:

Fever	Yes	No	Diarrhoea	Yes	No
Flu/cough	Yes	No	Convulsion	Yes	No
Skin rash	Yes	No	Neck stiffness	Yes	No
Red Eyes	Yes	No	Shortness of breath	Yes	No

**Please sign () at condition you are suffering at present*

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