



कोलकाता पत्तन न्यास
Kolkata Port Trust



DATE:

Name of the person	
Employee No./Party Code/Aadhar No.	
Organization/Department/Division with name and signature of nodal officer of port	
Gender and age	<input type="checkbox"/>
Are you experiencing any of the following symptoms?	<input type="checkbox"/> Cough
	<input type="checkbox"/> Fever
	<input type="checkbox"/> Difficulty in breathing
	<input type="checkbox"/> None of the above
Have you ever had any of the following:	<input type="checkbox"/> Diabetes
	<input type="checkbox"/> Hypertension
	<input type="checkbox"/> Lung disease
	<input type="checkbox"/> Heart disease
	<input type="checkbox"/> None of the above
Have you traveled anywhere internationally in the last 14 days?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Which of the following apply to you?	<input type="checkbox"/> I have recently interacted or lived with someone who has tested positive for COVID-19
	<input type="checkbox"/> I am a healthcare worker and I examined a COVID-19 confirmed case without protective gear
	<input type="checkbox"/> None of the above
Signature of the person	
Findings of screening	<input type="checkbox"/>

Name and signature of Doctor