

We are facing a new strain of flu virus which constitutes a possible outbreak.

We ask you to please answer this survey which will help you find out if you are sick.



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### FOR MEDICAL USE ONLY

NAME

AGE  GENDER M  F

ADDRESS

TELEPHONE NUMBER

ORIGIN (passengers in connection)

DESTINATION

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NAME

AGE  GENDER M  F

ADDRESS

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ORIGIN (passengers in connection)

DESTINATION

### FOR PASSENGER USE ONLY

Do you have or have had over the past two days the following symptoms:

	YES	NO
Fever higher than 39°C	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>
Limb pain	<input type="checkbox"/>	<input type="checkbox"/>
Joint pain	<input type="checkbox"/>	<input type="checkbox"/>
Eye redness	<input type="checkbox"/>	<input type="checkbox"/>
Nasal flux	<input type="checkbox"/>	<input type="checkbox"/>

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