



Libertad y Orden

MINISTERIO DE LA PROTECCIÓN SOCIAL
REPÚBLICA DE COLOMBIA

DIRECCIÓN GENERAL DE SALUD PÚBLICA - CENTRO NACIONAL DE ENLACE

Código Punto de Entrada / Code Point of Entry

Grid for entry point code

NOTIFICACIÓN DE VIAJEROS AFECTADOS A BORDO / REPORTING OF AFFECTED TRAVELLERS ON BOARD

Fecha / Date:

Grid for date

1. IDENTIFICACIÓN DEL VIAJERO / IDENTIFICATION OF TRAVELLER

Form for traveler identification including name, birth date, sex, passport number, address, city, department, email, and phone.

2. CIRCULACIÓN DEL VIAJERO / CIRCULATION OF TRAVELLER

Form for travel details including origin country, transport company, and mode of transport (flight, ship, vehicle, train).

3. CIRCULACIÓN DEL VIAJERO / CIRCULATION OF TRAVELLER

Form for onset and consultation dates.

3.3 SIGNOS Y SINTOMAS / SINTHOMS AND SINGS

Form for symptoms and signs with numbered checkboxes for fever, breathing difficulty, rash, vomiting, headache, neck rigidity, cough, diarrhea, jaundice, hemorrhage, muscle pain, and other.

3.4 IMPRESIÓN DIAGNÓSTICA (MEDICO) / IMPRESION DIAGNOSTIC (MEDICAL ASSESSMENT):

Text area for medical assessment.

4. DATOS DEL INFORMANTE/ DETAILS OF PERSON REPORTING

Form for reporter details including name, cargo, email, and phone.