

**AUN HEALTH CENTER RETURN/ARRIVAL ITINERARY CHECK**

**A. BIO-DATA**

NAME.....

AGE.....

SEX.....

STAFF/STUDENT I.D NUMBER.....

DEPARTMENT.....

HOUSE/HOSTEL ROOM NUMBER.....

ACTIVE MOBILE NUMBER.....

**B. OTHERS**

DATE OF ARRIVAL.....

ON ARRIVAL, HAVE YOU HAD ANY HEALTH CHALLENGE OR COMPLAINTS ?

a. Yes  b. No

If yes, what is the nature of your complaint?

.....  
.....  
.....  
.....

Do you think or feel that you need any medical help?

a. Yes

b. No

C. Did you have any contact with a Covid-19 patient during your trip?

a. Yes

b. No

D. Have you been tested for Covid-19 during your trip?

a. Yes

b. No

E. If yes for the question in [D] where?

a. Country: .....

b. State: .....

I, as a responsible member of the AUN learning community, have truthfully and sincerely filled this form to the best of my knowledge and with a high sense of duty to protect myself and others within the AUN community.

### AUN HEALTH CENTER EXIT TRAVEL ITINERARY CHECK

#### A. BIO-DATA

NAME.....

AGE.....

SEX.....

STAFF/STUDENT I.D NUMBER.....

DEPARTMENT.....

HOUSE/HOSTEL ROOM NUMBER.....

**B. PREVIOUS TRAVEL HISTORY**

Where have you been/travelled in the past 3-6 months?

a. Country.....

b. State .....

c. Region.....

d. LGA.....

**PROPOSED TRIP/JOURNEY**

Where do you plan to travel to?

a. Country.....

b. State.....

c. Region/province.....

d. LGA.....

When do you plan to travel out of the AUN community?

a. Date.....

b. Day of the week.....

How long do you plan to stay outside the AUN community?

a. Duration.....

When do you plan to return to the AUN community?

a. Date of return.....

C. HEALTH

Have you been sick within the past 3-6 months?

a. Yes

b. No

If your answer is yes, were you admitted?

a. Yes

b. No

Do you have any medical or surgical history/condition of concern?

a. Yes

b. No

If yes, what condition?

.....

Are you currently on any orthodox medications?

If yes, which ones?

.....

I, as a responsible member of the AUN learning community, have truthfully and sincerely filled this form to the best of my knowledge and with a high sense of duty to protect myself and others within the AUN community.

SIGN.....

DATE.....