



Government of Nepal  
Ministry Of Health and Population  
Department Of Health Services  
Epidemiology and Disease Control Division

स्थल नाकाबाट नेपाल भित्रिने मानिसहरुको विवरण  
Point of Entry (POE) Recording Form

Arrival Date  Name of Point of Entry

**Personal information**

Name  Surname  Age  Gender   
Occupation  Citizen  Passport/citizenship No.

**Travel details**

From  **Address after returning to Nepal** Province  Municipality   
To  District  Ward no.   
Date  Town/village

**Contact details**

Contact details in Nepal (Mob/Telephone)  Name of nearest contact person   
Contact no.  Relation

**Health Information**

Symptoms of COVID-19 yes  no   
Measure body temperature  °C  F  
Fever (More than 38° C/100.4° F) yes  no  Other symptoms of COVID-19   
Test done for COVID-19 yes  Test result  Negative  
no   Positive Referred Institution for Positive cases   
Malaria test in case of fever (More than 38° C/100.4° F) yes  Test result  Negative  
no   Positive  
Underlying disease/ co-morbid conditions

**Vaccination Status**

Have you taken Vaccines against Vaccine dose completed Dose of vaccine  
yes  no  Vaccine card yes  Vaccine card no   
yes  no   
one  two  Not taken  Name of vaccine

Name of person submitting the form

Name Post