

COVID-19

PREVENTIVE ACTIONS



Eletrobras
Eletronuclear

NAME: _____

PASSPORT NUMBER: _____ COUNTRY: _____

PERMANENT ADDRESS: _____

CITY: _____ COUNTRY: _____

Places visited in the previous 15 days
before boarding to Brazil:

Place and schedule of meetings/works
with Eletronuclear:

Means of transportation used to reach
Brazil

- airplane
- ship
- bus
- train

Name of the transportation company:

Details (flight number, ship's name, etc.):

Date and time of arrival:

Place of hosting:

Do you have or had any of the below
symptoms? (Please consider the last 15
days)

- Fever - 37,8 °C (100 °F) or more
- Headache
- Cough
- Sneezes
- Difficulty to breath
- Sore throat
- Coryza, sputum
- Eye or nasal congestion
- Diarrhea
- Vomit

[Local and date]

[Signature]

COVID-19

PREVENTIVE ACTIONS



NAME: _____

PASSPORT NUMBER: _____ COUNTRY: _____

PERMANENT ADDRESS: _____

CITY: _____ COUNTRY: _____

Places visited in the previous 15 days
before boarding to Brazil:

Place and schedule of meetings/works
with Eletronuclear:

Means of transportation used to reach
Brazil:

- airplane
- ship
- bus
- train

Name of the transportation company:

Details (flight number, ship's name, etc.):

Date and time of arrival:

Place of hosting:

Do you have or had any of the below
symptoms? (Please, consider the last
15 days.)

- Fever - 37,8 °C (100 °F) or more
- Headache
- Cough
- Sneezes
- Difficulty to breath
- Sore throat
- Coryza, sputum
- Eye or nasal congestion
- Diarrhea
- Vomit

[Local and date]

[Signature]