NAME:	
PASSPORT NUMBER:	
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	Do you have or had any of the below symptoms? (Please consider the last 15 days)
() airplane	() Favon 27 0 00 (100 05) an mana
() ship	() Fever - 37,8 °C (100 °F) or more
() bus	() Headache
() train	() Cough
Nama a Catha danaan andaddan aanaan	() Sneezes
Name of the transportation company:	() Difficulty to breath() Sore throat
	() Coryza, sputum
	() Eye or nasal congestion() Diarrhea
Details (flight number, ship's name, etc,):	() Diarrhea () Vomit
	() VOIII L
Date and time of arrival:	
	[Local and date]
Place of hosting:	[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	Do you have or had any of the below symptoms? (Please, consider the last 15 days.)
() ship	() Fever - 37,8 °C (100 °F) or more
() bus	() Headache
() train	() Cough
	() Sneezes
Name of the transportation company:	() Difficulty to breath
	() Sore throat
	() Coryza, sputum
Details (flight number, ship's name, etc,):	() Eye or nasal congestion() Diarrhea() Vomit
Date and time of arrival:	
	[Local and date]
Place of hosting:	
	[Signature]