



Government of Samoa

Ministry of Health

Government of Samoa Medical Clearance (Health Documentation Check in Form MoH 001/20)

Name (First, Last)
.....

Passport Number:
.....

Sex :

Male Female

Date of birth:

..... / / 20.....

Phone Number:

Email:

Samoan Resident: Yes No

Measured Vitals:

COVID19 Related Signs and
Symptoms
Yes (✓) No (X)

Any History of Respiratory Problems or
Chronic Illness Noted Below:
(Please Circle)

Temperature:

°C

Fever/Chills

Hypertension / Diabetes Mellitus / Heart
Disease / Asthma / COPD

Blood Pressure:

mmHg

Cough / Shortness of breath

Oxygen Saturation:

%

Loss of taste or smell

Respiratory Rate:

bpm

Generalized Body Weakness

Pulse:

bpm

Diarrhea/Nausea/Vomiting

Other Conditions/Symptoms/Notes:

COVID19 Laboratory Test

(Please Attach Copy of Lab Result or an Email informing of Result; Dated and Verified.)

Name of Laboratory/Site Lab Testing Facility (COVID19 Testing):

Test Reference Number:

Address:
.....

Specimen:

Nasopharyngeal COVID-19 swab
OR
Oral pharyngeal COVID19 swab

Result as Reported;

Positive Negative

Date:

Collected;

..... / / 20.....

Reported;

..... / / 20.....

Doctor and Clinic Details

Name of Doctor** (PRINT):

(Registered General Practitioner; Respiratory Clinician or Attending Physician)

Address (PRINT) :

Email (PRINT):

Signature:..... Registration Number:

Clinic Stamp and Date

**NOTE: Medical Report and COVID19 Lab Test MUST be Done within 72 hours prior to Arrival.
Copy of Lab Result must be verified and attached or an Email informing of Result – Both are
Requirements for Boarding**