



COVID-19 FLIGHT MANIFEST

DATE _____

Community of Origin _____ Destination _____

Isolation Unit	Passenger Name	DOB (M-D-Y)	COVID Cohort ¹	Asymptomatic (Y/N) ² * If YES include date and time of screening	Time Medical Evaluation completed and initials of Evaluator ³

1 Cohort Red Yellow Blue Green

2 Yes/ No based on the Shared Health Screening - include date and time screening completed. (Screening must have been completed in the last 12 hours)

3 If symptomatic, medical evaluation must have been completed within the last 12 hours