

Information Sheet For COVID-19 PCR Antigen Test



Make sure your details are correct

Welcome to Jackson's International Airport.





Prior to progressing to the check in and boarding process, you will be required to undertake a nasopharyngeal swab and a COVID-19 PCR for the detection of antigens.

While you wait for your swab, there are some things you can do now to get ready.

Please complete all the required documentation while waiting to be called up for your nasopharyngeal swab.

Please ensure all your details are correct on the forms provided to you.

You should **not** be presenting for check in if you:

-  Are unwell with fever, cough, runny nose or other symptoms that could be from COVID-19
-  Have tested positive with COVID-19 and you are in isolation
-  Are in quarantine
-  Are a close contact of someone with COVID-19.

If you fall into any of the above categories, check with your healthcare provider. You may need to reschedule your itinerary.

After the swab, please return to the waiting area until your results are available.

If you are symptomatic on arrival, you will not be permitted to proceed to the waiting area. Please contact your healthcare provider for assistance.

Please provide the results of any PCR test conducted prior to your travel.

Interpretation of PCR Results

Negative:

If your PCR returns a negative result, you will be issued a travel certificate, and be authorised to proceed to the check in counter.

Please ensure that you follow all the COVID safe rules while passing through the check in counter, security screening, immigration and waiting area prior to boarding the plane:

1. Wear the appropriate face mask
2. Maintain social distancing
3. Regular hand washing or sanitising

Positive (Non-negative):

If your PCR returns a positive result, you will not be authorised to proceed to check in.

You are advised to:

1. Contact your healthcare provider if you require assistance
2. Remain in isolation for the period stipulated by your healthcare provider
3. Contact Air Niugini to reschedule your itinerary at the end of your isolation period

What to expect at check in

You should bring the required documentation for check in:

- Your passport
- Your ticket and itinerary
- Any other required travel documents
- A travel certificate will be provided after a negative result on the PCR test.
- A face mask

Please ensure that you follow all the COVID safe rules while passing through the check in counter, security screening, immigration and waiting area prior to boarding the plane:

1. Wear the appropriate face mask
2. Maintain social distancing
3. Regular hand washing or sanitising

It is advised that you carry your personal hand sanitizer with you for regular use.

Consent Form for COVID-19 PCR Test



People who are travelling internationally from Jackson's International Airport, Port Moresby, Papua New Guinea, are required to undergo a nasopharyngeal swab and a PCR Test for COVID-19 prior to proceeding with the boarding process at Jackson's International Airport, Port Moresby, Papua New Guinea.

About the COVID-19 PCR Test

The COVID-19 PCR test is free. You can choose whether to have the PCR test or not. If you refuse the PCR test, you may not be allowed to board your flight.

To get the PCR test, you will be required to undergo a nasopharyngeal swab. This is a common procedure, with minimal side effects.

There are different brands of PCR tests. The one used at this site is the GeneXpert PCR machine using SARS-CoV-2, as approved by the PNG Controller. Results will be available 45 to 60 minutes after the nasopharyngeal swab.

You can tell your healthcare provider if you have any concerns, like chronic epistaxis (blood nose).

Even with a negative PCR test result, you must still follow public health precautions to stop the spread of COVID-19 including:

- Keep your distance – stay at least 1.5 metres away from other people
- Wash your hands often with soap and water, or use hand sanitiser
- Wear a mask, if you have been advised that you should
- Stay home if you are unwell with cold or flu-like symptoms and arrange to get a PCR COVID-19 test.

ISOS, who will be providing the testing, records all results on this form, and will complete the details of your PCR test when you receive it.

You will receive information about which process to follow when your result is negative or positive.

1. As part of the PCR test, ISOS need to collect personal information and sensitive information about you.
Personal information: means information about you that can be used to identify you (such as your name). It includes **sensitive information**, such as information about your health and your test results.
2. This information may be collected by talking to you or from other information you give through your dealings with ISOS. ISOS may provide personal and sensitive information they collect to relevant parties.
3. Your personal information is collected for the purpose of giving you a COVID-19 PCR test, and related purposes (the “**Purpose**”), including:
 - (a) Administration, like keeping records of the PCR test and reporting;
 - (b) Contacting you about your PCR test and any services that may be offered to you after you get the test;
 - (c) The Australian Government’s relations with other countries and enabling the Australian Government to assist Australian citizens in other countries.
 - (d) International relations, international border queries regarding the origin of the COVID-19 PCR test.
4. You do not have to give us your personal information. But if you do not, you may not be able to get a PCR test at this time.
5. ISOS may also provide your personal information to others as required to fulfil the **Purpose** above, including to:
 - (a) the Government of Papua New Guinea;
 - (b) other agencies of the Australian Government and International Agencies;
 - (c) ISOS’s other contractors and affiliates; and
6. Normally, under Australian privacy law, when personal information is likely to be provided to someone who is not in Australia or an external Territory of Australia (**overseas recipient**), reasonable steps are required to make sure the overseas recipient does not breach Australian Privacy Principles. By signing below, you agree that ISOS will not be required to take these steps. This means that if the overseas recipient handles your personal information in a way that breaches the Australian Privacy Principles, ISOS will not be responsible for that breach under Australian privacy law.
7. ISOS’s Privacy Policy has more information about how it handles personal and sensitive information: <https://www.internationalsos.com/privacy>. This policy also has information on how you can contact ISOS about your personal information held by ISOS or make a complaint, and how such a complaint will be handled by ISOS.

Patient information

Name:	
Date of birth:	
Address:	
PNG National ID Number (if applicable):	
Passport Number:	
Phone contact number:	
e-mail:	
Sex:	

Next of kin (in case of emergency):	
Name:	
Phone contact number:	

1. Have you received a COVID 19 Vaccination?	YES
	NO
2. If YES to 1: Name of Vaccine: Date of Vaccination:	

Temperature (°C):

Nurse name (please print)	
Nurse Signature:	Date:

Consent to conduct PCR Test

By signing this form, I understand and agree that:

1. I have read and fully understood the above terms and conditions
2. ISOS may collect, process, use, disclose (make known) and store my personal information (including sensitive information about my health and whether I have had a previous COVID-19 test, RDT or PCR) for the purposes of providing a COVID-19 PCR test. I further agree to hold harmless ISOS and their related companies and affiliates from any liability arising or in connection with the Purpose.
3. ISOS can disclose my personal and sensitive information to overseas recipients.
4. ISOS will rely upon the accuracy and completeness of all statements made by me relating to my medical and personal data.
5. I confirm I have received and understood information provided to me on COVID-19 PCR test.
6. I agree to receive a nasopharyngeal swab and a COVID-19 PCR test

Name:

Signature:

Date:

OR

- I am the patient's guardian or substitute decision-maker, and agree to the Consent for the Patient named above

Guardian/substitute decision-maker's name:	
Guardian/substitute decision maker's signature:	
Date:	

Date	Positive	Negative
COVID-19 PCR Test (Circle result)		
Lab Technician Name and Signature		