

# Cross Border Travel Health Declaration

Please complete this form in capital letters. This document is required for border clearance and health screening protocols.

## 1. Personal Information

Full Name (as in passport):

Passport Number:

Nationality:

Date of Birth (DD/MM/YYYY):

Gender (Male/Female/Other):

## 2. Travel Details

Country of Departure:

Destination Country:

Transit Countries (if any):

Flight / Vessel / Vehicle Number:

Date of Arrival (DD/MM/YYYY):

Address during stay:

Contact Phone Number:

## 3. Health Status & Declaration

Please answer the following questions with "Yes" or "No".

Do you currently have a fever, cough, or breathing difficulties?

Have you been in close contact with a confirmed infectious disease case in the past 14 days?

List all countries visited in the past 14 days:

## 4. Certification

I hereby declare that the information provided above is true, complete, and correct to the best of my knowledge.

Signature (Write full name to sign):

Date of Signature (DD/MM/YYYY):