

# Tourist Health and Travel History Template

Please complete this form in block letters before departure/arrival. This document is for health monitoring and travel record purposes.

## 1. Personal Information

Full Name (as in Passport):

Passport Number:

Nationality:

Age:

Gender (Male/Female/Other):

Contact Phone Number:

Email Address:

## 2. Travel History

Country of Departure:

Transit Countries (if any):

Flight / Vessel / Train Number:

Seat Number:

Date of Arrival (DD/MM/YYYY):

Countries Visited in the Last 14 Days:

Address of Accommodation / Hotel in Destination:

## 3. Health Declaration

Please indicate if you are currently experiencing any of the following symptoms (Type "Yes" or "No"):

Fever or Chills:

Cough or Sore Throat:

Difficulty Breathing:

Loss of Taste or Smell:

Have you been in contact with a confirmed COVID-19/infectious case in the last 14 days? (Yes/No):

## 4. Declaration

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

Signature of Traveler:

Date (DD/MM/YYYY):