

PRE-DEPARTURE HEALTH DECLARATION FORM

Please complete this form in capital letters. This document must be presented prior to boarding.

1. Personal Information

Full Name (as in Passport): <input type="text"/>	Passport Number: <input type="text"/>
Date of Birth (DD/MM/YYYY): <input type="text"/>	Nationality: <input type="text"/>
Contact Phone Number (with Country Code): <input type="text"/>	Email Address: <input type="text"/>

2. Travel Details

Flight / Vessel / Train Number: <input type="text"/>	Seat / Cabin Number: <input type="text"/>
Country of Departure: <input type="text"/>	Destination Country: <input type="text"/>
Date of Departure (DD/MM/YYYY): <input type="text"/>	Countries visited in the last 14 days: <input type="text"/>

3. Health Questionnaire

Please answer the following questions honestly by typing YES or NO in the boxes provided.

Question	Answer (YES / NO)
Do you currently have, or have you experienced in the last 14 days, a fever (38°C/100.4°F or higher)?	<input type="text"/>
Do you have any respiratory symptoms such as a cough, shortness of breath, or difficulty breathing?	<input type="text"/>
Are you experiencing other symptoms like a sore throat, runny nose, muscle aches, or loss of taste/smell?	<input type="text"/>
Have you been in close contact with anyone diagnosed with a communicable infectious disease in the last 14 days?	<input type="text"/>
Have you been advised to self-isolate or quarantine by a medical professional or public health authority?	<input type="text"/>

4. Declaration and Signature

I hereby declare that the information provided in this form is true, accurate, and complete to the best of my knowledge. I understand that providing false information may lead to denial of boarding or legal penalties under public health regulations.

Passenger Signature (Sign inside the box):

Date (DD/MM/YYYY):

Full Printed Name:

