

Infectious Disease Travel Declaration Form

To ensure the health and safety of all passengers, visitors, and staff, please complete this travel declaration form. This document is intended for print and manual review.

1. Personal Information

Full Name:

Passport / National ID Number:

Nationality:

Contact Phone Number (include country code):

Email Address:

Residential Address / Accommodation Address during stay:

2. Travel History

Flight / Vessel / Vehicle Number:

Seat Number:

Countries visited or transited through in the last 14 days (list all):

Date of Departure (DD/MM/YYYY):

Date of Arrival (DD/MM/YYYY):

3. Health & Symptom Declaration

Are you currently experiencing any symptoms such as fever, cough, shortness of breath, sore throat, or fatigue? (Enter YES or NO):

If YES, please specify your symptoms:

Have you had close contact with a confirmed or suspected case of an infectious disease in the last 14 days? (Enter YES or NO):

4. Declaration & Signature

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

Full Name (Printed):

Signature (Sign on the line below after printing):

Date of Declaration (DD/MM/YYYY):