

Airline Passenger Health Self Declaration

To ensure the safety of all passengers and crew, please complete this health self-declaration form honestly. This form is designed to be printed and filled out prior to boarding.

1. Passenger Information

Full Name (as in passport):

Passport Number:

Nationality:

Date of Birth (DD/MM/YYYY):

2. Flight & Travel Details

Airline:

Flight Number:

Seat Number:

Departure Airport/City:

Arrival Airport/City:

Date of Travel (DD/MM/YYYY):

3. Contact Information & Destination Address

Phone Number (with country code):

Email Address:

Destination Street Address:

Destination City & State/Province:

Destination Country:

4. Health Questionnaire

Please answer the following questions by writing "Yes" or "No" in the text boxes provided.

1. Have you experienced a fever, cough, or difficulty breathing in the last 14 days? (Yes/No):
2. Have you been in close contact with anyone diagnosed with an infectious disease (e.g., COVID-19) in the last 14 days? (Yes/No):
3. Have you been requested to self-isolate or quarantine by public health authorities within the last 14 days? (Yes/No):

5. Travel History

List all countries and cities you have visited or transited through in the last 14 days:

6. Declaration

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

Passenger Printed Name:

Date of Signature (DD/MM/YYYY):

Physical Signature (Sign inside box after printing):