

Entry Port Health Screening Declaration Form

Please complete all sections of this form clearly in block letters. This document is required for public health clearance at the port of entry.

1. Personal Information

Last Name (Family Name): First Name (Given Name):
Date of Birth (DD/MM/YYYY): Gender (Male/Female/Other):
Nationality: Passport Number:

2. Travel and Arrival Information

Flight / Vessel / Vehicle Number: Seat / Cabin Number:
Port of Origin (Departure City/Country): Transit Countries (Last 14 days):
Date of Arrival (DD/MM/YYYY): Final Destination Address:

3. Contact Information

Local Contact Phone Number: Email Address:
Emergency Contact Person: Emergency Phone Number:

4. Health Declaration

Please write "YES" or "NO" to indicate if you are currently experiencing any of the following symptoms, or have experienced them in the past 14 days:

Fever or Chills (Yes/No):
Cough (Yes/No):
Difficulty Breathing (Yes/No):
Sore Throat (Yes/No):
Close contact with a confirmed infectious disease case (Yes/No):

5. Declaration & Signature

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

Signature of Passenger (or Parent/Guardian): Date (DD/MM/YYYY):

For Official Use Only:

Screening Officer Name: Recorded Temperature (Celsius):
Action Taken (Clear / Refer to Medical): Officer Signature: