

# Travel History Declaration Form

Please complete all sections of this form. This document is designed to be filled out and printed for official record-keeping.

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## 1. Personal Information

Full Name:

Passport Number:  Nationality:

Contact Number:  Email Address:

Residential Address:

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## 2. Travel History (Last 14 Days)

Please list all countries and cities you have visited or transited through in the last 14 days, starting with the most recent.

Country & City Visited	Departure Date (DD/MM/YYYY)	Arrival Date (DD/MM/YYYY)	Flight / Train / Vessel Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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## 3. Health and Exposure Declaration

Please type "YES" or "NO" in the box provided for each question.

Have you experienced any symptoms of illness (fever, cough, difficulty breathing) in the past 14 days?

Have you been in close contact with anyone diagnosed with or suspected of having an infectious disease in the past 14 days?

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## 4. Declaration and Signature

I hereby declare that the information provided in this form is true, complete, and accurate to the best of my knowledge.

Passenger Signature (Sign inside the box after printing):  [ Sign here on printed copy ]

Date of Declaration (DD/MM/YYYY):