

Foreign Visitor Health Self Certification Form

Important Notice: This health self-certification is required for all foreign visitors. Please complete all fields truthfully to assist with public health monitoring. This form is designed to be printed and signed.

1. Personal Information

Full Name (as in Passport):

Passport Number:

Nationality:

Date of Arrival (DD/MM/YYYY):

Flight / Vessel Number:

Contact Phone Number:

Email Address:

Address in Country of Visit:

2. Travel History

List all countries you have visited or transited through in the last 14 days prior to arrival:

Country 1:

Country 2:

Country 3:

3. Health Declaration

Please answer the following questions by typing "YES" or "NO" in the box provided.

1. Have you experienced a fever (38.0°C / 100.4°F or higher) in the last 14 days?
2. Have you experienced any respiratory symptoms (cough, shortness of breath, sore throat) in the last 14 days?
3. Have you experienced a sudden loss of taste or smell in the last 14 days?
4. Have you been in close contact with anyone diagnosed with an infectious disease in the last 14 days?

4. Certification and Signature

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

Visitor Signature (Sign upon printing):

Date of Signature (DD/MM/YYYY):