

Customs Health Declaration and Screening Template

Please fill out this form honestly and completely. This document is required for public health clearance and customs processing upon arrival.

1. Personal Information

First Name:

Last Name:

Passport Number:

Nationality:

Date of Birth (DD/MM/YYYY):

2. Travel Details

Flight / Vessel / Vehicle Number:

Seat / Cabin Number:

Country of Departure:

Countries Transited in Last 14 Days (List all):

Address of Stay / Destination Address:

Contact Phone Number:

3. Health Screening Questions

Please answer the following questions by typing "Yes" or "No" in the fields provided.

Do you currently have a fever, or have you had a fever in the last 24 hours?

Do you have a cough or difficulty breathing?

Do you have a sore throat, runny nose, or body aches?

Have you been in close contact with anyone diagnosed with an infectious disease in the last 14 days?

4. Declaration

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

Signature (Type Name to sign digitally or sign here after printing):

Date of Declaration (DD/MM/YYYY):