

Transit Passenger Health Declaration

Please complete this form honestly and accurately. This declaration is required for transit passengers to ensure public health and safety. You may fill this out digitally before printing, or print and fill it out by hand.

1. Passenger Information

Full Name (as in passport):	<input type="text"/>
Passport Number:	<input type="text"/>
Nationality:	<input type="text"/>
Gender (Male/Female/Other):	<input type="text"/>
Date of Birth (DD/MM/YYYY):	<input type="text"/>

2. Flight and Transit Details

Departure Country / City:	<input type="text"/>
Arriving Flight Number:	<input type="text"/>
Seat Number (Arriving Flight):	<input type="text"/>
Transit Airport:	<input type="text"/>
Connecting Flight Number:	<input type="text"/>
Seat Number (Connecting Flight):	<input type="text"/>
Final Destination Country / City:	<input type="text"/>

3. Travel History (Last 14 Days)

Please list any countries or cities you have visited or transited through in the last 14 days:

Country / City 1:	<input type="text"/>
Country / City 2:	<input type="text"/>
Country / City 3:	<input type="text"/>

4. Health Status and Symptoms

Please answer "Yes" or "No" to the following questions based on your current health status or symptoms in the past 14 days:

Have you experienced a fever, chills, or high temperature?	Answer (Yes/No): <input type="text"/>
Have you experienced a persistent cough or difficulty breathing?	Answer (Yes/No): <input type="text"/>
Have you experienced a loss of taste or smell?	Answer (Yes/No): <input type="text"/>
Have you been in close contact with anyone diagnosed with an infectious disease?	Answer (Yes/No): <input type="text"/>

5. Contact Information

<input type="text"/>

Phone Number (with country code):	<input type="text"/>
Email Address:	<input type="text"/>
Emergency Contact Name & Phone:	<input type="text"/>

6. 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 (or Type Full Name):	<input type="text"/>
Date (DD/MM/YYYY):	<input type="text"/>