

Airport Health Control Declaration Form

Please complete this form in capital letters. This declaration is required for public health surveillance and border control purposes. Please present the completed printed copy to the health authorities upon arrival.

1. Personal Information

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

2. Flight and Travel Information

Flight Number: Seat Number:
Departure Airport/City: Arrival Date (DD/MM/YYYY):
Countries Visited in Past 14 Days:

3. Contact Information & Destination Address

Phone Number (with Country Code): Email Address:
Street Address in Destination Country:
City: Postal/ZIP Code:

4. Health Declaration

Please write "Yes" or "No" for each of the following symptoms experienced within the last 14 days:

Fever (38°C/100.4°F or higher): Yes / No
Cough or Sore Throat: Yes / No
Difficulty Breathing / Shortness of Breath: Yes / No
Close contact with a confirmed infectious disease case: Yes / No

5. Signature and Confirmation

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

Passenger Signature (to be signed on paper): Sign on printed copy Date (DD/MM/YYYY):