

Recent Travel History Questionnaire

Please complete this questionnaire regarding your travel history. This form is designed to be printed and filled out manually or digitally.

1. Personal Information

Full Name:

Date of Birth (DD/MM/YYYY):

Passport Number:

Nationality:

Phone Number:

Email Address:

2. Travel History (Past 30 Days)

Please list all countries, regions, or cities you have visited or transited through in the last 30 days, starting with the most recent.

Trip 1 (Most Recent)

Country / Destination:

City / State:

Arrival Date (DD/MM/YYYY):

Departure Date (DD/MM/YYYY):

Purpose of Travel (e.g., Tourism, Business, Transit):

Trip 2

Country / Destination:

City / State:

Arrival Date (DD/MM/YYYY):

Departure Date (DD/MM/YYYY):

Purpose of Travel (e.g., Tourism, Business, Transit):

Trip 3

Country / Destination:

City / State:

Arrival Date (DD/MM/YYYY):

Departure Date (DD/MM/YYYY):

Purpose of Travel (e.g., Tourism, Business, Transit):

3. Health and Exposure Declaration

Have you visited any high-risk health advisory areas in the last 14 days? (Write YES or NO):

If YES, please specify the locations:

Have you been in close contact with anyone diagnosed with an infectious disease in the last 14 days? (Write YES or NO):

Are you currently experiencing any symptoms like fever, cough, or breathing difficulties? (Write YES or NO):

4. Declaration

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

Signature:

Date (DD/MM/YYYY):