

# International Arrival Health Declaration Form

**Instructions:** Please complete this form in block letters before arrival. This document is required for public health surveillance and contact tracing.

## 1. Personal Information

Full Name (Last Name, First Name):

Nationality:

Passport Number:

Date of Birth (DD/MM/YYYY):

Gender (Male / Female / Other):

## 2. Flight and Travel Details

Flight / Vessel Number:

Seat Number:

Country of Departure:

Countries Visited in Past 14 Days (List all):

## 3. Contact Information & Destination Address

Phone Number (with Country Code):

Email Address:

Address in Destination Country (Hotel name/Street/City):

## 4. Health Status

Have you experienced any of the following symptoms in the past 14 days? (Write YES or NO for each):

Fever or Chills (Yes / No):

Cough or Sore Throat (Yes / No):

Difficulty Breathing (Yes / No):

Close contact with a confirmed infectious case (Yes / No):

## 5. Declaration

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

Signature (Write full name to sign electronically):

Date (DD/MM/YYYY):