

Family Adoption Travel Health Declaration Form

Family Name

Adoption Agency

Contact Number

Travel Destination

Travel Dates

Family Members

List Names & Relationships

Health Declaration

Have any family member experienced symptoms such as fever, cough, or difficulty breathing in the past 14 days?

If yes, please specify who and describe their symptoms:

Have any family member tested positive for any contagious illness in the past month?

If yes, provide details:

Does any family member require medication or have ongoing medical conditions?

If yes, please provide details:

Declaration

Signature

Date

