

Religious Pilgrimage Health Declaration Form

Personal Information

Full Name

Date of Birth

Passport/ID Number

Nationality

Contact Number

Address

Health Information

Existing Medical Conditions

Current Medications

Allergies

Recent Health Status

☐

Fever

☐

Cough

☐

Sore Throat

☐

Difficulty Breathing

☐

None of the above

Have you been in contact with a confirmed infectious disease case in the past 14 days?

Vaccination Status

☐

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

Signature

Date