

Wildlife Photography Permit Health Declaration

Personal Information

Full Name

Permit Number

Date

Contact Number

Health Information

Recent Travel History (last 14 days)

Current Symptoms (if any)

Medical Conditions/Allergies (if any)

Medications (if any)

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I am fit to participate in the wildlife photography activity and will comply with all safety and health guidelines as specified by the authorities.

Signature

Date