

# Pilgrimage Tour Health Declaration Form

Full Name

Passport Number

Date of Birth

Contact Number

Country

## Medical History

Do you have any chronic/underlying medical conditions?

Are you currently on any medication? If yes, please specify.

Any allergies (including food/medicine)?

Have you received all required vaccinations for this pilgrimage tour?

## Recent Health Status

Have you experienced any of the following symptoms in the past 14 days?

☐

Fever

☐

Cough

☐

Sore Throat

☐

Difficulty Breathing

☐

None of the above

Have you traveled abroad or been in contact with someone diagnosed with a contagious disease in the last 21 days?

☐

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

Date

Signature

