

COVID-19 Pre-Travel Health Declaration

Passenger Information

Full Name

Passport/ID Number

Flight Number

Seat Number

Contact Details

Phone Number

Email Address

Health Status

- ☐ Fever
- ☐ Cough
- ☐ Shortness of breath
- ☐ Sore throat
- ☐ Loss of taste or smell

Travel History (past 14 days)

Countries Visited

Exposure History

- ☐ Contact with confirmed COVID-19 case
- ☐ Visited healthcare facility for COVID-19

I confirm that the above information is accurate and complete to the best of my knowledge.

Signature:

Date: