

Traveler Health Screening Declaration

Personal Information

Full Name

Passport/ID Number

Nationality

Date of Birth

Flight / Vessel No.

Seat No.

Contact Information During Stay

Address

Phone Number

Health Declaration

In the past 14 days, have you experienced any of the following symptoms?

☐

Fever

☐

Cough

☐

Sore Throat

☐

Difficulty Breathing

☐

Other (specify below)

Have you had close contact with any confirmed infectious disease case in the past 14 days?

List countries/regions visited in last 14 days

Declaration

☐

I hereby declare the above information is true and complete.

Date

Signature