

Health Declaration Form Airport

Passenger Information

Full Name: _____

Flight Number: _____

Passport Number: _____

Seat Number: _____

Destination: _____

Health Screening

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

Fever: Yes / No

Sore Throat: Yes / No

Breathing Issues: Yes / No

Other Symptoms (Specify): _____

Have you traveled to any high-risk COVID-19 areas in the past month?

Yes / No

If yes, list countries: _____

Have you been in contact with a confirmed COVID-19 case?

Yes / No

If yes, please provide details: _____

Declaration

I confirm that the details provided are true and I am fit for air travel.

Signature: _____

Date: _____