

Travel Declaration Form Sample with Health Questionnaire

Complete the **travel declaration form sample** to ensure smooth and safe journeys by providing accurate personal and travel details. This form includes a comprehensive health questionnaire to monitor health status and prevent the spread of infectious diseases. Proper submission of this document is essential for compliance with travel regulations and public safety protocols.

Personal Information

Full Name:

Passport/ID Number:

Date of Birth:

Nationality:

Email Address:

Contact Number:

Travel Details

Country/City of Origin:

Destination Country/City:

Date of Arrival:

Flight/Transport Number:

Health Questionnaire

(Please answer the following questions truthfully. Check all that apply.)

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

☐

Fever

☐

Cough

☐

Shortness of Breath

☐

Fatigue

☐

None of the above

Have you been diagnosed with or exposed to anyone with a contagious disease (e.g., COVID-19, influenza) in the past 14 days?

Have you received a vaccination against infectious diseases (e.g., COVID-19) in the past 12 months?

-- Please select --

☐ I hereby declare that the information provided is true and correct to the best of my knowledge. I understand that providing false information may result in legal consequences and travel restrictions.

Submit Form