

# Medical Declaration Form for International Travel

A **medical declaration form** sample for international travel helps travelers provide essential health information required by authorities. It ensures compliance with health regulations and smooth entry processes at borders. Using a clear and accurate form minimizes delays and health risks during travel.

## Personal Information

**Full Name:**

**Passport Number:**

**Nationality:**

**Date of Birth:**

**Contact Number:**

## Travel Details

**Flight Number:**

**Arrival Date:**

## Health Information

**1. Have you experienced any of the following symptoms in the last 14 days?  
(Select all that apply)**

☐

Fever

☐

Cough

☐

Shortness of Breath

☐

None of the above

**2. Do you have any pre-existing medical conditions? (e.g., diabetes, heart disease)**

**3. COVID-19 Vaccination Status:**

-- Select --

**4. Have you been in contact with a confirmed COVID-19 case in the past 14 days?**

-- Select --

I hereby declare that the above information is true and correct to the best of my knowledge. I understand that providing false information may result in refusal of entry or other legal consequences.

**Signature:**

**Date:**

Submit Declaration