

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**