

Covid-19 Health Declaration Form for International Travel

Complete the **Covid-19 health declaration form** to ensure a smooth international travel experience by providing accurate health information. This form helps authorities assess potential risks and maintain public safety during your journey. Filling it out thoroughly is a mandatory step before departure to comply with travel regulations.

Personal Information

Full Name:

Passport Number:

Nationality:

Date of Birth:

Flight/Travel Details:

Health Declaration

Have you experienced any of the following symptoms in the past 14 days? (Check all that apply)

- ☐ Fever
- ☐ Cough
- ☐ Shortness of Breath
- ☐ Loss of Taste/Smell
- ☐ None

Have you tested positive for Covid-19 in the last 14 days?

☐ Yes ☐ No

Have you been in close contact with a confirmed Covid-19 case in the last 14 days?

☐ Yes ☐ No

Have you been vaccinated for Covid-19?

Fully vaccinated

If vaccinated, date of last dose:

Travel History (last 14 days)

Countries/Regions Visited:

List all countries/regions visited

☐ I hereby declare that the information provided is true and accurate to the best of my knowledge.

Submit Declaration