

Declaration of Good Health Form Sample

The **Declaration of Good Health form sample** is essential for meeting travel health requirements, ensuring passengers confirm their wellbeing before departure. This form helps prevent the spread of contagious diseases by documenting travelers' health status. Completing it accurately facilitates a smooth and safe journey for everyone involved.

Personal Information

Full Name:

Passport/ID Number:

Date of Birth:

Contact Number:

Health Declaration

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

- ☐ Fever
- ☐ Cough
- ☐ Shortness of Breath
- ☐ Sore Throat
- ☐ None of the Above

Have you been in contact with anyone diagnosed with a contagious disease in the past 14 days?

☐ Yes ☐ No

Have you tested positive for any contagious disease in the past 14 days?

☐ Yes ☐ No

Declaration

I hereby declare that the information provided is true and accurate to the best of my knowledge. I understand that providing false information may have legal consequences and/or affect my travel eligibility.

Signature:

Date:

Submit Declaration