

Covid-19 Health Declaration Form

Domestic Air Travel

The **Covid-19 health declaration form** for domestic air travel is designed to ensure the safety of passengers and crew by collecting essential health information prior to boarding. This form helps identify potential risks and prevent the spread of the virus during flights. Travelers are required to complete it accurately to comply with airline and government safety protocols.

Personal Information

Full Name

Date of Birth

ID/Passport Number

Flight Number

Seat Number

Contact Information

Contact Number

Email Address

Home Address

Health Information

In the past 14 days, have you experienced any of the following symptoms? (Check all that apply)

☐

Fever

☐

Cough

☐

Shortness of breath

☐

Loss of taste or smell

☐

Sore throat

☐

None of the above

Have you been in close contact with any confirmed Covid-19 patients in the past 14 days?

Select an option ▼

Have you received a Covid-19 vaccination?

Select an option ▼

☐

I confirm that the above information is true and correct. I am aware that providing false information may result in penalties according to airline and government regulations.

Submit