

COVID-19 Health and Travel History Declaration Form

This **COVID-19 health and travel history declaration form** sample is designed to collect essential information from travelers regarding their recent health status and travel history. It helps authorities assess potential exposure to the virus and implement necessary safety measures. Using this form ensures a safer travel environment by monitoring risks effectively.

Personal Information

Full Name:

Date of Birth:

Passport/ID Number:

Email Address:

Health Declaration

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

☐

Fever

☐

Cough

☐

Shortness of Breath

☐

Sore Throat

☐

None of the above

Have you been in contact with a confirmed or suspected COVID-19 case in the past 14 days?

Travel History

List all countries visited in the last 30 days:

Date of Arrival:

Flight/Transport Number:

☐

I hereby declare that the information provided above is accurate and complete to the best of my knowledge. I acknowledge that providing false information can have legal consequences.

Submit Declaration