

Health Declaration Form Sample for International Travel

Filling out a **health declaration form** is essential for international travel to ensure the safety of all passengers. This form typically includes information on recent health status, travel history, and potential exposure to infectious diseases. Accurate completion of the form helps streamline border control and public health measures.

Personal Information

Full Name:

Passport Number:

Date of Birth:

Nationality:

Contact Details

Email:

Phone Number:

Home Address:

Travel History (past 14 days)

List countries visited:

Enter country names

Health Information

Have you experienced any of the following symptoms in the past 14 days?

☐ Fever

☐ Cough

☐ Shortness of breath

☐ Sore throat

☐ None of the above

Have you been in close contact with a confirmed case of an infectious disease (e.g. COVID-19) in the last 14 days?

☐ Yes

☒ No

Are you currently under any medical treatment or taking medication?

☐ Yes

☒ No

Declaration

I hereby declare that all the information provided above is accurate and complete to the best of my knowledge.

Signature:

Date:

Submit

