

COVID-19 Travel Declaration Form Sample

This form is required to comply with COVID-19 safety protocols. Please fill out all sections accurately.

Full Name:

Passport/ID Number:

Date of Birth:

Contact Number:

Current Address:

Countries visited in the last 14 days:

List countries here

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

(Check all that apply)

Fever

Cough

Shortness of Breath

None of the above

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

--Please select--

Vaccination Status:

--Please select--

Date:

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

Submit Declaration

