

# 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:**

**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?**

**Vaccination Status:**

**Date:**

☐

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

Submit Declaration

