



## Health Screening Form

### **TRAVELLER PUBLIC HEALTH DECLARATION**

*Keep this Health Screening Form with your travel documents for verification purposes at your destination.*

The information is being collected as part of the public health response to the outbreaks of COVID-19. The information may be used by public health authorities in accordance with applicable national laws of your destination. The form needs to be completed for every traveler.

**The following questions need to be answered with yes or no:**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Are you (or the person for whom you complete this form ) currently suspected from or diagnosed with pneumonia, or with the Coronavirus (COVID-19) infection? |     |    |
| <b>2</b> | Did you (or the person for whom you complete this form) have any of the following symptoms in the past 24 hours?   | Yes | No |
|          | 1. Fever   |     |    |
|          | 2. Cough   |     |    |
|          | 3. Runny nose  |     |    |
|          | 4. Sore throat   |     |    |
|          | 5. Shortness of breath   |     |    |

**If the response to any of the questions above is “yes”, then boarding is not permitted, based on the local regulations of your destination.**

#### **Passenger information**

|                 |  |
|-----------------|--|
| Flight number:  |  |
| Seat Number:    |  |
| Date of flight: |  |
| Family name:    |  |
| Date of birth   |  |

Truthfully completed date: .././2020

Time: ../.

**Signature**

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