



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
1	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?		
2	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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