Health Declaration Form

To protect your health, public health officers need you to complete this form. Your information would help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes.

First Name:	Surname:	Nationality:	Gender:
Emirates ID/Passport No.:	Date of Flight:	Flight Number:	Seat Number:
Airport of Departure:	Final Destination:	Contact Number:	Second Contact Number:
Address in the UAE Emirate of residence:	Area and street:	Hotel name or villa/flat number:	

1. Have you been diagnosed as COVID-19 (Novel Coronavirus) patient? if yes when:…….
2. Did you, in the past 14 days, come in close contact with someone who has been diagnosed with COVID-19? Yes/No
3. Have you had any fever or respiratory symptoms "coughing, sneezing, trouble breathing" in the past 3 days? Yes/No
4. Do you have health insurance valid in the UAE? Yes/No
5. Have you travelled to any other country in last 14 days? If yes please specify…….

"I hereby declare that I am fit to travel and confirm that I have filled the information required accurately and I have carefully considered the statements made above and that to the best of my knowledge are complete, correct and that I have not withheld any relevant medical information or made any misleading statements. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

NAME: **SIGNATURE:** **DATE:**