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:	
 Have you been diagnosed as COVID-19 (Novel Coronavirus) patient? if yes when: Did you, in the past 14 days, come in close contact with someone who has been diagnosed with COVID-19? Yes/No Have you had any fever or respiratory symptoms "coughing, sneezing, trouble breathing" in the past 3 days? Yes/No Do you have health insurance valid in the UAE? Yes/No Have you travelled to any other country in last 14 days? If yes please specify. 			
considered the statements made any relevant medical information	above and that to the best of my	illed the information required acc knowledge are complete, correct nents. In case any of the above in the held liable for it.	t and that I have not withheld

DATE:

SIGNATURE:

NAME: