

Travel Self-Declaration Form

To protect your health and the community's, **Abu Dhabi Public Health Center – Department of Health Abu Dhabi** requires you to complete this form. Your information will assist to contact you if you were exposed to covid-19. 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 only.

Self-Declaration Form	Flight details	
<p>1) Have you been admitted to a healthcare facility during the last 14 days? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes date of admission:</p> <p>Date of discharge:</p>	Airline:	Flight No.
<p>2) Did you come in a contact with a case with respiratory illness during the last 14 days? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes, Date of contact ...</p>	Seat No.	Coming from:
<p>3) Have you been on transit?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes, please state country and duration.</p>	Transit through: (Country)	Duration of stay in transit: (in days)
<p>4) Are you currently suffering from any symptoms listed below?</p> <p><input type="checkbox"/>Fever</p> <p><input type="checkbox"/>Cough</p> <p><input type="checkbox"/>Shortness of breath</p> <p><input type="checkbox"/>Sore throat</p> <p><input type="checkbox"/>Muscle pain</p> <p><input type="checkbox"/>Headache</p> <p><input type="checkbox"/>Loss of taste/smell senses</p> <p><input type="checkbox"/>Others, specify:</p>	Date of arrival:	
	Traveler details	
	First name:	Nationality:
	Family name:	Gender:
	Passport No.	Age:
	Address in UAE	



If yes, Date of symptoms started:	Place of work: Employer name:	Residence address: Emirate: Building name: Flat/villa No:
	Mobile number: Home number: Email address:	

Q1: Do you have any other family member traveling with you? (If Yes, Please specify the number, relation, gender and age)

Number: _____ Relation: _____

Gender: _____ Age: _____

Q2: Do you have any medical condition? (If Yes, please specify)

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Q3: Are you currently on any medication? (If Yes, please specify)

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Q4: Do you have any allergies? (If Yes, please specify)

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Q5: Do you have any people of determination traveling with you? (If Yes, please specify the disability)

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Q6: How long have you stayed in you last destination?

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Q7: Did you have COVID-19 PCR test during your stay in your last destination? (If Yes, please mention the test date and result)

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Q8: Do you have any other concern? (If Yes, please specify)

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Thank you for collaborating with us to protect your health and others'

