

# TRAVELER'S HEALTH DECLARATION/QUESTIONNAIRE

To be completed and signed prior to boarding by all persons. One form per person

Date:	DEP Airport:	ARR Airport:
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Name (as it appears on Passport/Driver's License/Birth Certificate):

TO ASSIST US IN PROTECTING THE HEALTH AND SAFETY OF PASSENGERS AND CREW ON THIS FLIGHT, WE REQUIRE YOU TO ANSWER THE FOLLOWING QUESTIONS:		YES	NO
1	Have you traveled from or through China, including Hong Kong or Macau, in the past fourteen (14) days?	<input type="radio"/>	<input type="radio"/>
2	Have you traveled to the Islamic Republic of Iran in the past fourteen (14) days?	<input type="radio"/>	<input type="radio"/>
3	Have you traveled to the Schengen Area, comprising the 26 European states that have officially removed border control at their mutual borders in the past fourteen (14) days? (Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and Switzerland, now including the United Kingdom and Ireland)	<input type="radio"/>	<input type="radio"/>
4	Have you, or any person listed above, had close contact with, or helped care for, anyone suspected or diagnosed as having Novel Coronavirus, or who is currently subject to health monitoring for possible exposure to Novel Coronavirus?	<input type="radio"/>	<input type="radio"/>
5	Do you have a fever (100.4 F° / 38 C° or higher), feel feverish, or have chills, a cough or difficulty breathing?	<input type="radio"/>	<input type="radio"/>

**NOTE: IF YOU ANSWERED "YES" TO QUESTION (5) YOU MAY BE DENIED TRAVEL AS YOU ARE SUSPECTED TO HAVE AN ILLNESS OF INTERNATIONAL PUBLIC HEALTH CONCERN.**

I certify that the above declaration is true and correct and understand that any dishonest answers may have serious public health implications.

**Signature of traveler:**

**Date:**

Or **Signature of parent or guardian** (if traveler is under 18 years of age):

**Date:**

<b>THIS SECTION WILL BE FILLED BY PERSONNEL</b>	TRIP NUMBER:	INITIALS:
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