



Ministry of Health, Welfare and Sport

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 following questions need to be answered with yes or no:

	Yes	No
1. Are you currently suspected, or diagnosed, with pneumonia or with the Coronavirus (COVID-19) infection?		
2. Do you have, or have had, 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:	
Date:	
Surname:	

Truthfully completed

Signature