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Travel Self-Declaration Form

To protect your health and the community's health, **Abu Dhabi Public Health Center and the Department of Health Abu Dhabi** require you to complete this form. Your information will assist health authoritiesin contacting you if you wereexposed to COVID-19. It is important to fill out this form completely and accurately. Your information will be held in accordance with applicable laws and used for public health purposes only.

Self-Declaration Form	Flight details	
1) **Have you been admitted to a healthcare facility during the last 14 days?**☐Yes ☐No If yes, what was the date of admission? What was the date of discharge?	Airline:	Flight Number:
2) **Have you come into contact withanyone with a respiratory illness during the last 14 days?**☐Yes ☐No If yes, what was the date of contact?	Seat Number:	Coming from:
3) **Have you been in transit?** ☐Yes ☐No If yes, please state the country and duration.	Transit through(country):	Duration of stay in transit(days):
4) **Are you currently having any of the symptoms listed below?** ☐Fever ☐Cough ☐Shortness of breath ☐Sore throat ☐Muscle pain ☐Headache ☐Loss of sense of taste or smell ☐Other, specify:	Date of arrival:	
	Traveler's details	
	First name:	Nationality:
	Family name:	Gender:
	Passport Number:	Age:
	Address in the UAE	

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If yes, when did you start having symptoms?	Place of work: Employer's name:	Residence address: Emirate: Building name: Flat/villa number:
	Mobile number: Home number: Email address:	

Q1: Do you have any other family memberstraveling with you? (If yes, please specify the number of family members, their relationship to you, their gender and age)

Number: ____________________ Relationship: ____________________

Gender: _____________________ Age: ________________________

Q2: Do you have any medical conditions? (If yes, please specify)

Q3: Are you currently taking any medication? (If yes, please specify)

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

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

Q6: How long did you stay at yourprevious destination?

Q7: Did you take a COVID-19 PCR test during your stay at your previous destination? (If yes, please mention the test date and result)

Q8: Do you have any other concerns? (If yes, please specify)

Thank you for collaborating with us to protect your health and the health of others.