مركـز أبـوظبــي
للـصحـة الـعـامـة
**ABU DHABI PUBLIC
HEALTH CENTRE**

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	
1) **Have you been admitted to a healthcare facility during the last 14 days?** ☐Yes ☐No If yes date of admission: Date of discharge:	Airline:	Flight No.
2) **Did you come in a contact with a case with respiratory illness during the last 14 days?** ☐Yes ☐No If yes, Date of contact …	Seat No.	Coming from:
3) **Have you been on transit?** ☐Yes ☐No If yes, please state country and duration.	Transit through: (Country)	Duration of stay in transit: (in days)
4) **Are you currently suffering from any symptoms listed below?** ☐Fever ☐Cough ☐Shortness of breath ☐Sore throat ☐Muscle pain ☐Headache ☐Loss of taste/smell senses ☐Others, specify:	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)

Q3: Are you currently on 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 the disability)

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

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

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

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