

Passenger Health Declaration Card

Public Health Passenger Health Declaration Card to be completed as requested by the destination public health authorities. *(The form has been developed for the Influenza A (H1N1) outbreak only and will be revised afterwards. To be filled in the flight or upon arrival at the airport).*

Questionnaire:

Name:	
Father's / Husband's Name:	
Date of birth (Age):	
Sex:	
Complete residential address including contact No:	
Passport No:	
Point of disembarkation with date:	
Point of entry with date:	
List of all the places where you have been during the hajj visit in the last 10 days:	i.
	ii.
	iii.
	iv.
	v.
	vi.

		Yes	No
History / details about illness:	i. Have you had a fever or chills in the last 24-48 hours?		
	ii. Do you have a cough or difficulty breathing of recent onset?		
	iii. Do you have a sore throat, runny nose, headache or body aches?		
	iv. Have you vomited or had diarrhoea in the last 24 hours?		
	v. In the last 10 days, have you been near or spent time with someone who had a fever and cough, or was a known case of influenza?		
	vi. Do you have a chronic disease or condition?		

Signature:.....

Date:.....