



## TRAVEL DECLARATION FORM

	Personal Information	Details
1	Student name	
2	Date of Birth	
3	Passport number	
4	Nationality	
5	Grade and Section	
6	Email address	

	Travel Information	Details
1	Port of final destination	
2	Country	
3	Date of departure	
4	Flight number	
5	Date arrived	

➤ Are you suffer from any of the following symptoms of COVID19? (Please check yes or no only)

Fever----- Yes\_\_\_\_\_ No\_\_\_\_\_

Cough----- Yes\_\_\_\_\_ No\_\_\_\_\_

Respiratory distress----- Yes\_\_\_\_\_ No\_\_\_\_\_

Have you been tested for COVID19----- Yes\_\_\_\_\_ No\_\_\_\_\_

If yes please attach a copy of your diagnostic reports mention of the completion of quarantine period.

The above information provided is true and correct!

Signature