



**School of Knowledge**  
**(St. Mary's Group of Schools)**

**STUDENT TRAVEL DECLARATION FORM**

<b>Personal Information</b>		
1	Name of the Student	
2	Class and Section	
3	Computer. No	
4	Emirates ID Number	
5	Passport number	
6	Date of Birth	
7	Nationality	
8	Contact Number	
9	Email address	

<b>Travel Information</b>		
1	Port of destination travelled to	
2	Country	
3	Date of departure	
4	Date of arrival	

<b>Vaccination Information</b>		<b>Date</b>	<b>Type of Vaccine</b>
1	1 <sup>st</sup> Dose	___/___/___	
2	2 <sup>nd</sup> Dose	___/___/___	
3	3 <sup>rd</sup> Dose	___/___/___	
4	4 <sup>th</sup> Dose	___/___/___	
<b>Date of recent PCR:</b>		___/___/___	

➤ Are you suffering from any of the following symptoms of COVID19? (Please tick 'yes' or 'no' only)

Fever----- Yes  No

Cough----- Yes  No

Respiratory distress----- Yes  No

Have you been tested Positive 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**