

Pre boarding information

To be completed by any adult

Date:

Destination:

Name as shown in the passport or other ID:

Names of all children travelling with you under 18 years old:

Contact details: (telephone, email)

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Within the past 14 days, have you, or any person listed above:

YES NO

- ▶ Had close contact with anyone diagnosed as having Coronavirus disease (COVID-19)? ...
- ▶ Traveled together with COVID-19 patient in any kind of conveyance?.....
- ▶ Lived in the same household as a COVID-19 patient?.....
- ▶ Provided direct care for COVID-19 patients, working with healthcare workers infected with novel Coronavirus?
- ▶ Visited or stayed in a close environment with any patient having Coronavirus disease (COVID-19)?
- ▶ Worked together in close proximity, or sharing the same classroom environment, with a COVID-19 patient?.....

Signature

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