



MOVEMENT SELF-DECLARATION FORM

Due to the ongoing COVID-19 situation, we kindly request all passengers to fill in the blanks with the necessary information.

PERSONAL INFORMATION OF STAFF MEMBER	
Name:	Organization:
Full Address at departure:	Full Address at destination (place of stay):
Phone number:	Email address:
TRAVEL DETAILS	
From:	To:
Expected date of arrival:	

DECLARES UNDER HIS/HER OWN RESPONSIBILITY to travel for the reasons hereunder explained:

and that will carry out a 14-day period of health monitoring and isolation (if required by local authorities).

Have you suffered from below symptoms on the last 7 days?

Fever (37.3° or higher)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Respiratory distress	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been in contact with any known COVID-19 symptomatic patient over the last 14 days	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Others: Please specify below	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please indicate your current temperature, when measured at:

Airport of Departure _____

Airport of Transit _____

Airport of Arrival _____

Signature of the declarant

Place and Date
