All information shall be kept confidential and will be used only for contact tracing in the event of your illness.

The Ministry of Health & Family Welfare, Government of the People's Republic of Bangladesh mandatorily requires all the passengers entering through ground crossings, by seaport, or by airport to fill in this form as a part of health screening at the port of entry.

HEALTH DECLARATION FORM

Name:……………………………………………………………………………………………………

Sex: Male / Female / Other   Date of Birth:……………………………………….

Nationality:……………………………………. Passport No:…………………………………….

Flight/ Vehicle No:…………………………… Seat No:…………………………………….

Port of Embarkation/Entry:……………………………………………………………………

Date of Arrival:……………………………… Date of Departure:…………………………………

Countries visited within last 2 weeks (if any):……………………………………………..

Address in Bangladesh:

District:……………………………   Upazila:………………………Union:…………………………..

Village/Area:………………………………. Road:………………………House:…………………………

Phone no: ☐☐☐☐☐☐☐☐☐☐☐

Please tick   (✓) if you have any of the following symptoms:
- o Sore Throat   o Fever   o Headache   o Tiredness
- O Cough   o Shortness of Breath   o Sudden loss of sense of taste or smell

Have you, or any member of your group travelling with you, had a positive COVID-19 test in the last 3 days?   Yes ☐   No ☐   (Please attach report if available)

Have you, or any member of your group travelling with you, gave COVID-19 vaccine. If yes Date of 1st dose……………………………………………Date of 2nd dose ………………………………………….

(Please show vaccine card and submit photocopy)

❖ Declaration: I hereby declare that the information provided in this form is true to the best of my knowledge.

 Signature of Passenger:…………………… Signature of Health Officer:………………………

Hazrat Shahjalal International Airport

IHR, Migration Health, Emerging and Re-emerging Disease Control Programme, CDC, DGHS, Mohakhali, Dhaka

Please fill up this portion and submit it to Health desk

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Please fill up this portion and submit it to Immigration desk

Name:…………………………………………………………………………………………………….

Sex: Male / Female / Other   Date of Birth:…………………………………………….

Nationality:……………………………………….. Passport No:…………………………………………

Date of Arrival:………………… Flight/ Vehicle No:…………………Mobile No:…………………...…….

Address in Bangladesh

District:……………………… ………….. Upazila:………………………………… Union:……………………………..

Village/Area:…………………………… Road:……………………………… House:………………………….

Signature of Passenger:…………………… Signature of Health Officer:…………………………………

Hazrat Shahjalal International Airport