



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)

--

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)?..... YES NO
- Provided direct care for COVID-19 patients, working with healthcare workers infected with novel Coronavirus? YES NO
- Visited or stayed in a close environment with any patient having Coronavirus disease (COVID-19)? YES NO
- Worked together in close proximity, or sharing the same classroom environment, with a COVID-19 patient? YES NO
- Traveled together with COVID-19 patient in any kind of conveyance?..... YES NO
- Lived in the same household as a COVID-19 patient? YES NO

Signature

.....