

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)

	YES	NO
<p>Within the past 14 days, have you, or any person listed above:</p> <ul style="list-style-type: none"> • Had close contact with anyone diagnosed as having Coronavirus disease (COVID-19)?..... <input type="checkbox"/> <input type="checkbox"/> • Provided direct care for COVID-19 patients, working with healthcare workers infected with novel Coronavirus? <input type="checkbox"/> <input type="checkbox"/> • Visited or stayed in a close environment with any patient having Coronavirus disease (COVID-19)? <input type="checkbox"/> <input type="checkbox"/> • Worked together in close proximity, or sharing the same classroom environment, with a COVID-19 patient? <input type="checkbox"/> <input type="checkbox"/> • Traveled together with COVID-19 patient in any kind of conveyance?..... <input type="checkbox"/> <input type="checkbox"/> • Lived in the same household as a COVID-19 patient? <input type="checkbox"/> <input type="checkbox"/> 		

Signature

.....