

Appendix A

Declaration

Full name:		Nationality	
Country of departure		Airlines and flight number	
National number/ passport number		Date of birth	
Gender		Date	
Address		Telephone/ email	

Please answer the following questions with (yes or no) by ticking in the respective place. In case of "Yes", indicate this in the remarks box.

No	Question	Yes	No	Remarks
1	Do you have any of the following symptoms (temperature of 38 degree or higher, dry cough, shortness of breath, general weakness, loss of smell or taste, vomiting or diarrhea)?			
2	Have you contacted a confirmed case of COVID-19? If yes, mention the date			
3	Have you contacted a person infected with COVID-19 over the last 28 days?			
4	Have you travelled during the last 28 days? If yes, please mention the names of countries.			

I, the undersigned, hereby declare and acknowledge that the above information is correct. Otherwise, I shall bear full responsibility. I undertake to follow all instructions and procedures of the Ministry of Health and airport authorities

Signature: