

**2) Attachment 2: Passenger Declaration Form:**

1. Are you fit to perform your travel?

- Yes
- No
- I don't know

2. Do you have any of the following symptoms?

- Fever
- Cough
- Runny nose
- Sore throat
- Abdominal pain/Diarrhoea
- Loss of smell or taste
- Rash

3. Did you, in the past 14 days, come in close contact with someone who?

- i. Is a confirmed COVID-19 (Novel Coronavirus) case; or
  - ii. Has been in habitation area with high density of COVID-19 (Novel Coronavirus).
- Yes
  - No

4. Have you been diagnosed as COVID-19 (Novel Coronavirus) patient?

- Yes, if yes when: \_\_\_\_\_
- No

5. Have you been hospitalized because you've been diagnosed by COVID-19 (Novel Coronavirus)?

- Yes
- No

If yes, please confirm that you have finished a 14 days quarantine after the discharge from the hospital.

**Note:** All the Declarations will be evaluated by a health authority doctor.

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