Center for Community Health and Disease Control
Maldives

HEALTH DECLARATION CARD

Health Declaration Card to be completed when public health authorities suspect the risk of spread of a communicable disease. The information you provide will assist the public health authorities to manage the public health event and to trace passengers who may have been exposed to communicable disease. The information is intended to be held by the public health authorities to be used only for public health purpose.

Flight Information

1. Airline and Flight Number **2. Date of arrival** **3. Seat Number**

Airline *Flight Number* *DD* *MM* *YYYY* *Where you actually sat on the aircraft*

Personal Information

4. Name

Family Name / Surname *Given Names(s)*

Passport or Travel Document Number

Country

Contact Information

5. Address and phone number where you can be contacted during your stay or, if visiting many places, your cell phone and initial address

Place of Stay *Phone Number*

Public Health Questions

A. Have you had fever in the last 7 days? *Yes* ☐ *No* ☐

B. Do you have a cough or difficulty breathing of recent onset? *Yes* ☐ *No* ☐

C. Do you have a sore throat, runny nose, headache or body aches? *Yes* ☐ *No* ☐

D. In the last 7 days, have you been near or spent time with someone who had a fever and cough, or was a known case of influenza? *Yes* ☐ *No* ☐

List all the countries where you have been (including where you live) in the last *7* days:
List in order with most recent country first (where you boarded)

1. **2.**

3. **4.**