



# 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)?.....	<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

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