



Government of the People's Republic of Bangladesh

ਸ਼ਾਸ਼ਤਰ ਅਤੇ ਪਰਿਵਾਰ ਕਲਾਪਨ ਸਮਾਜਿਕ

Ministry of Health & Family Welfare

স্বাস্থ্য সত্যতা ঘোষণাপত্র (HEALTH DECLARATION FORM)

সকল ভাষায় শেখাশিখান করা করা হবে এবং কুমিল্লা জায়াজি কুমিল্লা বঙ্গবী জায়াজি সাবে গোলাঘাট করার জন্য ব্যবস্থা হবে।

(All information shall be kept confidential and will be used only for contact tracing in the event of your illness)

গণপ্রজাতন্ত্রী বাংলাদেশ সরকারের ২০১৯-সালের কার্যসূচী (২০১৯-nCoV) সর্বশেষ ত্রিভুজী কার্যসূচীর অংশ হিসাবে গণপ্রজাতন্ত্রী বাংলাদেশ সরকারের স্বাস্থ্য সচিবালয় কর্তৃক প্রস্তুত করা হয়েছে।

(The Government of People's Republic of Bangladesh mandatorily requires all the passengers entering through ground crossings, by sea port or by airport to fill in the form as a part of health screening).

वर्तमान नाम (Name): SHOHID MIAH

वयन (Age): 34 लिंग (Sex): MALE

জাতীয়তা (Nationality): BANGLADESH (Passport No): BP0156707

उड़ान / वाहन क्र. (Flight/Vehicle No): SV3581 आसन क्र. (Seat No): 17C

১০. যে দেশ থেকে যাত্রা শুরু করেছেন (Port of embarkation/Entry): BANGLADESH ৩৫২

আগমনের তারিখ (Date of Arrival): প্রস্থানের তারিখ (Date of Departure): 12 April - 2021

গত ২ সপ্তাহে যে সমস্ত দেশ ভ্রমণ করেছেন? (Countries visited within last 2 weeks):

যদি চীন থেকে এসে থাকেন তা হলে কোন কোন শহরে আপনি অবস্থান করেছেন?

(If coming from China, which state/province/did you visit?)...

নিচের কোন লক্ষণ থাকলে সেই ঘরে টিক চিহ্ন দিন:

Please tick (✓) if you have any of the following symptoms:

☐ ज्वर (Fever) ☐ श्वासको (Shortness of Breath) ☐ बमि बमि कर (Vomiting Tendency)

☐ জ্বর (Fever) ☐ শ্বাসকষ্ট (Shortness of breath or difficulty breathing)

☐ কশি (Cough) ☐ মাথাব্যথা (Headache) ☐ শ্বাসকষ্টের সাথে বুকে ব্যথা (Chest pain with Pneumonia)

বাংলাদেশের অধ্যক্ষকালীন ঠিকানা (Address in Bangladesh):

ফোন (Phone) / মোবাইল নং (Mobile No.):

উপরে যে কোন একটি উপসর্গ থাকলে আপনি বিষয় বসবে অবস্থিত আইইচিআর স্বাস্থ্য চেম্বার ঘোষণা করুন (In case you have the above symptoms you may be subjected to further examination at the nearest health facility).

শ্রদ্ধা সন্তোষিত হোষণা : আমি এই মর্মে ঘোষণা করছি আমার জ্ঞান মতে এ সকল সত্য সত্য।

(Declaration: I hereby declare that the information provided in this form is true to the best of my knowledge)

ব্যবহারী স্বাক্ষর (Signature of Passenger):

Signature Health Officer: _____

অধ্যক্ষ ইমিগ্রেশনের ব্যবস্থাকার কক্ষ (For Immigration Use only)

वर्गीकृत नाम (Name): SHOHID MIAN

वयस (Age): 27 years लिंग (Sex): MALE

জাতীয়তা (Nationality): 1915 ANGEL ADONIS পাসপোর্ট নং: BP 015 6709

डाइरेक्ट / वाहन नं (Flight/Vehicle No): SV 3581 जाति नं (Seat No): 01

साक्षात् कार्यकर्ता साक्षर (Signature Health Officer):



وزارة الصحة
Ministry of Health

Disclaimer

Full Name	SHOHID MIAH	National ID/Iqama	
Residence Address			
Point of Entry (name of airport, ground crossing, seaport)	JEDDA	Country Arriving From	BANGLADESH
Arrival Date	12-04-2021	Flight/Trip Number	SV3581
Personal Mobile Number		Relative Contact Number	

I (the person signing below) admit that I/ (the person mentioned above) do not have any respiratory symptom or fever or any symptom of coronavirus (COVID-19) infection, and will comply with completing the full home quarantine period determined for (2 days) from arrival to the kingdom with negative PCR by the end of period. If PCR is not done, home quarantine will be continued for (7 days). I also admit the following:

- Acknowledge and agree to the requirements for home quarantine and commit to comply with them, which are:
 - Assign location through Tataman application within 8 hours from arrival, else it would be escalated to responsible authority after 24 hours to take necessary action.
 - Stay home throughout the quarantine period and do not leave unless seeking medical care.
 - Stay in an isolated room away from other persons. Not to share food nor drinks with others, especially those of high risk, such as elderly persons, persons with chronic medical conditions, and pregnant women. Not to have contact with pets.
 - Wear a facemask when leaving the room for any reason, or when leaving home to seek medical care. Keep distance of at least 1.5 meters between yourself and others, in addition to wearing a facemask.
 - Cover mouth and nose with napkins when coughing or sneezing. Wash hands with soap and water for at least 40 seconds or use alcohol-containing hand sanitizers.
 - Avoid sharing personal items with others (such as showers towels and eating or drinking utensils). Cleans all surfaces (frequently touched) such as door handles, computer keyboards, light switches, mobile phones, and others, using alcohol or chlorine containing sanitizers.
 - Make sure that shared spaces at home are well ventilated.
 - Assign separate bathroom if possible and clean carefully following every use if shared with others.
 - Monitor symptoms, such as dry cough, fever, or shortness of breath. Immediately call 937 if any symptom appeared and notify them of that. Go to primary healthcare center or emergency room if necessary.
- I am registered on (Tataman and Tawakkalna applications) and was informed on how to use them and do the daily health assessment, and I will contact Ministry of Health whenever needed.
- I agree to the Ministry of Health taking any preventive or medical measures, to undergo medical and laboratory check-ups, or any other procedure determined to benefit me or protect the public health. I will be present when contacted on the numbers stated above.
- I admit to complying with previous instructions, in addition to instructions issued later by responsible authorities in relation to coronavirus pandemic. Failure to comply with those instructions and procedures exposes me to determined penalties of monetary fines up to 500 thousands Saudi Riyals, imprisonment for up to two years, or both penalties combined.
- I admit to call 937 and contact Tataman and Takkad clinics to perform (PCR) test for covid-19 at the end of the two days.

Name: SHOHID MIAH Signature:

Date: 12.04.21