

GENERAL DECLARATION			
(Outward/Inward)			
Operator	null		
Marks of Nationality and registration	Flight No.	Date	
Departure from	Arrival at		
(Place)	(Place)		

GENERAL DECLARATION			
(Outward/Inward)			
Operator	null		
Marks of Nationality and registration	Flight No.	Date	
Departure from	Arrival at		
(Place)	(Place)		

GENERAL DECLARATION			
(Outward/Inward)			
Operator	null		
Marks of Nationality and registration	Flight No.	Date	
Departure from	Arrival at		
(Place)	(Place)		

GENERAL DECLARATION			
(Outward/Inward)			
Operator	null		
Marks of Nationality and registration	Flight No.	Date	null
Departure from	Arrival at	null	
	(Place)	(Place)	

GENERAL DECLARATION			
(Outward/Inward)			
Operator	null		
Marks of Nationality and registration	Flight No.	Date	null
Departure from	Arrival at	null	
	(Place)	(Place)	

FLIGHT ROUTING	
("Place". Column always to list origin, every en-route stop and destination)	

FLIGHT ROUTING	
("Place". Column always to list origin, every en-route stop and destination)	

PLACE	NAMES OF CREW		NUMBER OF PASSENGERS ON THIS STAGE
			<i>Departure Place:</i> null Embarking Through on same flight
			<i>Arrival Place:</i> null Disembarking Through on same flight

Declaration of Health

Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever — temperature 38°C/100°F or greater — associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop

.

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting

.

Crew member concerned

Declaration of Health

Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever — temperature 38°C/100°F or greater — associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop

.

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting

.

Crew member concerned

Declaration of Health

Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever — temperature 38°C/100°F or greater — associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop

.

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting

.

Crew member concerned

Declaration of Health

Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever — temperature 38°C/100°F or greater — associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop

.

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting

.

Crew member concerned

Declaration of Health

Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever — temperature 38°C/100°F or greater — associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop

.

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting

.

Crew member concerned

Declaration of Health

Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever — temperature 38°C/100°F or greater — associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop

.

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting

.

Crew member concerned

	For official use only

I declare that all statements and particulars contained in this General Declaration, and in any elementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through

SIGNATURE _____

Authorized Agent or Pilot-in-command

I declare that all statements and particulars contained in this General Declaration, and in any elementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through

SIGNATURE _____

Authorized Agent or Pilot-in-command

I declare that all statements and particulars contained in this General Declaration, and in any elementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through

SIGNATURE _____

Authorized Agent or Pilot-in-command