



Health Declaration Form

Passenger Health Declaration

You are required to keep this Health Declaration Form with you for verification purposes during travel and on arrival. You need to present this declaration when boarding the aircraft, or when requested to do so by airport staff or the designated airport medical authority.

The information provided by you may be used by the public health authorities, in accordance with Dutch legislation and in the context of the public health response to COVID-19. Every traveller aged 13 and above is required to complete this form.

1 The following questions must be answered with “yes” or “no”

- | | | | |
|-----|--|------------------------------|-----------------------------|
| 1.1 | Do you (or the person for whom you are completing this form) currently have symptoms of, or have you been diagnosed with, pneumonia or coronavirus disease (COVID-19)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.2 | In the past 10 days, have you (or the person for whom you are completing this form) been in contact with someone who is or could be infected with coronavirus? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.3 | In the past 24 hours, have you (or the person for whom you are completing this form) had any of the following symptoms: | | |
| | Fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Runny nose | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Sore throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Shortness of breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered ‘yes’ to any of the questions above, you are not allowed to board the aircraft, in accordance with the contract of carriage.

2 Passenger informations

- | | | | | | | | | | | | | |
|-----|---------------|---|--|--|--|--|--|--|--|--|--|--|
| 2.1 | Flight number | | | | | | | | | | | |
| 2.2 | Seat number | | | | | | | | | | | |
| 2.3 | Surname | | | | | | | | | | | |
| 2.4 | Date of birth | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | |

3 Signature

Completed truthfully on

- | | | | | | | | | | | | | |
|-----------|------|---|--|--|--|--|--|--|--|--|--|--|
| 3.1 | Date | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | |
| 3.2 | Time | | | | | | | | | | | |
| Signature | | | | | | | | | | | | |



Vaccine Declaration COVID-19

You must keep this Declaration with you for verification purposes at the visa application process and during travel and on arrival.

You must be able to show this declaration when boarding the aircraft or ship, or when requested to do so by airport staff or the designated (medical) authority. Otherwise, you may be denied entry to the Netherlands or the aircraft or ship or international train or international bus.

The information you provide may be used by the responsible public health authorities, in accordance with Dutch rules and/or legislation and in the context of the public health response to COVID-19. Travellers aged 13 and over from outside the Schengen area are required to complete this declaration. Children travelling with their vaccinated parents or legal guardians are exempted. They only are required to take [the test](#).

There are some exceptions for the vaccination requirements; see www.government.nl.

1 Personal data

1.1 Name

1.2 Nationality

2 Vaccine information

2.1 Vaccine COVID-19 (SARS-CoV-2) approved by EMA/WHO Yes/No

2.2 Type of Vaccine

- ☐ Pfizer/BioNTech (Comirnaty)
- ☐ Astrazeneca-SK Bio (Vaxzevria)
- ☐ Serum Institute of India (Covishield)
- ☐ Astra Zeneca EU (Vaxzevria)
- ☐ Johnson & Johnson (COVID-19 Vaccine Janssen)
- ☐ Moderna (Spikevax)
- ☐ Sinopharm BIBP
- ☐ Sinovac

2.3 Type of Dose Vaccine

- ☐ having received the second dose in a 2-dose series 14 days ago
- ☐ having received a single-dose vaccine 14 days ago
- ☐ having received a single dose of a 2-dose vaccine after having previously been infected with SARS-CoV-2 14 days ago

3 Signature

3.1 Date

Day		Month		Year		

3.2 Signature

I declare under penalty of forgery that the foregoing is true and correct.

Add your signature here

AAROGYA SETU SELF DECLARATION FORM

(To Submitted at check-in counter in case Aarogya setu app not downloaded)

Name	
Date Of Departure	
Flight No	
Departing to	
Local Address	
Permanent Address	
Mobile Number	

I here by declare that:

1. I am not residing in any containment zone.
2. I am not suffering from any fever/Cough any respiratory distress.
3. I am not under quarantine.

OR

I am under quarantine, but having a negative RT-PCR test report, for which test was conducted within 96 Hours, prior to undertaking the journey from abroad.

4. If I develop any of the above mentioned symptoms I shall contact the concerned health authorities immediately.
5. I have not tested COVID-19 positive in last two months.
6. I am eligible to work as per the extant norms
7. I make mobile number/Contact details available for airport whenever required by them.
8. I understand that if I enter the airport without meeting the eligibility criteria I would be liable to penal action.
9. I undertake the adhere to health protocol prescribed by destination state/UT.

Place:

Date:

Signature

SELF DECLARATION

Date :

I _____, Passport No. _____
arriving from _____ by flight No. _____, presently residing
at _____ hereby declare that I have
completed my both the dosage of authentic Covid-19 vaccine and enclosing valid
documents depicting the completion of dosage.

I am aware that I shall be subjected to penal action in case the above information is
revealed to be wrong/misleading. I shall abide by all SOPs, instructions issued by
Govt.of Maharashtra/ Govt. of India/ Municipal Corporation of Greater
Mumbai(MCGM) with respect to Covid-19 pandemic.

Signature :

Mobile No.

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Signature:

Mobile No:

UNDERTAKING GIVEN BY INTERNATIONAL PASSENGER FOR EXEMPTION/ CONSIDERATION FOR HOME QUARANTINE RULES AS PER GUIDELINES BY MINISTRY OF HEALTH & FAMILY WELFARE, PUBLISHED ON 05.11.2020.

Flight no.: _____

Date of Arrival: _____

1. General Information:

Name of the passenger	Contact No.	Passport No.:	Age:
Exemption (from Institutional Quarantine) applied on www.newdelhairport.in/ Air Suvidha ER No:			

2. Residential / Destination address :

_____:

3. Covid Test name : _____ **Date :** _____

Lab name and address: _____

4. The cases of human distress, if applicable

- I. I / we qualify the criteria of Senior Citizen (above 65 yrs) having age of _____ years.
- II. I am in critical condition due to unexpected death of my _____
(Death certificate Attached)
- III. I am Suffering from **disease** _____ (Medical certificate Attached).
- IV. I am **pregnant lady** of _____ months / weeks pregnant.
(Medical certificate Attached)
- V. I did travelled with my baby / child having age _____ years / _____ months.

5. Additional Information for Non-Mumbai Passengers

- I. Vehicle No. for travelling to destination: _____
- II. Driver's Name and Mobile No. _____
- III. Flight No. and Date of travel if Passenger wants to travel by Domestic Flights: _____

6. Report to: (For Office Use Only): _____

I/we hereby request for Home Quarantine for next 14 days on above residential / destination address which shall be strictly adhered by us. I /we will abide by all the Home Quarantine rules and regulations issued by GOVT. under Vande Bharat Mission.

Signature with Date & Time

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Signature with Date & Time

Note: Passengers undergoing RT-PCR test at CSMI Airport, Mumbai, need to mandatorily fill up the form given on backside of this form. Please Turn Over (P.T.O.)

UNDERTAKING FOR PASSENGERS UNDERGOING COVID19 RT-PCR TEST AT CSMIA, MUMBAI

I, Mr / Mrs / Ms....., Age: yrs,

Male / Female, hereby undertake to home quarantine myself, after reaching my destination, at following

address:

.....

.....,

till I have been communicated my COVID19 RT-PCR report by the laboratory / Govt authorities.

I also undertake to report to the nearest Government Health Center in case I develop any COVID symptoms.

Signature :.....Date:Time :

Name :

Mobile no :