

Ministry of Health and Family Welfare Government of India

SELF REPORTING FORM to BE FILLED BY ALL INTERNATIONAL PASSENGERS

(TO BE PRESENTED ATTHE HEALTH&IMMIGRATION COUNTER)

All passengers coming to Indiaare required to fill-up this proformaln duplicate submit a copy each to Health and immigration counter.

Personal Information

Contact Address In India for All Travelers:

1	Name of the passenger	
2	Seat No.	3. Flight No.
4	Passport No.	
5	Date of Arrival	
6	Port of origin of Journey	
7	Port of final destination	

1	House Number	
2	Street/ Village	
3	Tehsil	
4	District/ City	
5	State	
6	Pin	
7	Residence Number	
8	Mobile Number * (mandatory field)	
9	E mail ID	

(PART-A)

Donath - Cabo - Man -	countries visited since last 28 days?	

b. Are you suffering from any of the following symptoms

Fever Yes No
Cough Yes No
Respiratory distress Yes No

For persons having travel history to China, Hong Kong, Republic of Korea, Italy, Iran, Japan and other Covid-19 affected countries* or contacts with people having such travel history are requested to undergo mandatory thermal screening at the Health Counters.

Signature of the passenger

*AS NOTIFIED BY W.H.O. FOR LOCAL TRANSMISSION. (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/)

In case you develop symptoms such as fever and cough within 28 days of leaving this airport, restrict your outdoor movement and contact MoHFW's24 hours helpline number 011-23978046. Call operator will tell you whom to contact further. In the meanwhile, keep yourself isolated in your house/room.



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(PART-A)

a.	Details of the cities / countries visited since last 28 day	s?
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b. Are you suffering from any of the following symptoms

•	Fever	Yes	No
•	Cough	Yes	No
•	Respiratory distress	Yes	No

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