**MEDICAL DECLARATION FORM**

**This is important document, your information is vital to allow health
authorities contact you to prevent communicable diseases**

* Full name (BLOCK LETTERS):
* Date of Birth: Gender: Nationality:
* Passport number or other legal document:

Travel information: Plane □ Ship □ Automobile □ Other (clarify):

Transportation No.: Seat No.:

Departure date: */ /* Immigration date: */ /*

Place of departure (province/country):

Place of destination (province/country):

In the past 14 days, have you been to any province/city/territory/country? If yes, where?:

**Contact information in Viet Nam**

* Staying address:
* Tel./Mob.: Email :

**If you have any of the followings at present or during the past 14 days (until the date of
entry/exit/transit)?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Symptoms | Yes | No | Symptoms | Yes | No |
| • Fever | [ ] | [ ] | • Vomiting | [ ] | [ ] |
| • Cough | [ ] | [ ] | • Diarrhea | [ ] | [ ] |
| • Difficulty of breathing | [ ] | [ ] | • Rash | [ ] | [ ] |
| • Sore throat | [ ] | [ ] | • Skin hemorrhage | [ ] | [ ] |

**List of vaccines or biologicals used:**

**History of exposure: During the last 14 days, did you:**

|  |  |
| --- | --- |
| ■ Visit any poultry farm/ living animal market/ slaughter house/ contact to animal | Yes [ ] No [ ] |
| ■ .Care for a sick person of communicable diseases | Yes [ ] No [ ] |

**The information I have given is true, correct and complete. I understand failure to answer
any question may have serious consequences.**

*Day: Month: Year: 202..* **Signature of Passenger/ Crew**

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**GUIDANCE**

**Passenger uses this part for entry/exit/transit clearance and for protection of your health**

* Full name (BLOCK LETTERS):
* Province/City/Territory/Country of departure:

For your own heath and that of the community, if
you experience any of the above-mentioned symptoms, please contact heath quarantine units at points entry or the nearest healthcare centre or email
to Email: or Fax:

**VERIFICATION BY
HEALTH QUARANTINE OFHCER**

*Date Month Year 202...*

Hotline of province/city of point of entry:...

Hotline of the Ministry of Health:...