



## Travel Declaration Form

Dear Parents

In order to ensure the continuous wellbeing of your child, their classmates, and the rest of the student and staff community. As per the current prevention and control policy of COVID-19 (New Coronavirus), Ministry of Health and Prevention (MOHAP) requires you to provide information regarding your history of travel in the last 14 days, please report and update regularly in case of travel

Please complete the below form **ONLY** if your child or close relatives have visited any of the following countries: **China, Hong Kong, South Korea, Iran, Japan, Singapore or Italy**. Please make sure to return the form to the school clinic as soon as your child/ close relative returns from travel from the above mentioned countries.

School Name			
Student Name			
Grade		Date of Birth	
Student history of travel in the last 14 days	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Close relative history of travel in the last 14 days	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Country visited			
Date of travel		Date of return	
Duration of Stay			
Any history of contact with confirmed COVID-19 case	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fever or flu symptoms during or after return from travel	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Contact Number			
Other Notes			

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief, and I undertake the responsibility to inform you of any changes therein, immediately.

Issue#	Issue Date	Effective Date	Revision Date	Page#
01	Feb29 , 2020	MAR, 03, 2020	April 03, 2020	1/1



UNITED ARAB EMIRATES  
MINISTRY OF HEALTH & PREVENTION

ABU DHABI PUBLIC  
HEALTH CENTRE

مركز أبوظبي  
للصحة العامة

حكومة دبي  
GOVERNMENT OF DUBAI

هيئة الصحة بدبي  
DUBAI HEALTH AUTHORITY

دائرة الصحة  
DEPARTMENT OF HEALTH



Parent/Guardian name :  
Relationship :  
Date of Declaration :  
Signature :

\*\*Your cooperation will help the well-being of all the students of the community. For further information, please do not hesitate to contact the school nurse/doctor.

Issue#	Issue Date	Effective Date	Revision Date	Page#
01	Feb29 , 2020	MAR, 03, 2020	April 03, 2020	2/1