(mặt sau)

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: .....

• ID/Passport number or other legal document: .....

Travel information: Aircraft ☐ Ship/Vessel ☐ Ground vehicle ☐ 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: .....

Do you have or have you experienced any of the following symptoms currently or during the past 14 days (until the date of entry/exit/transit)?

Symptoms	Yes	No	Symptoms	Yes	No
• Fever	[ ]	[ ]	• Nausea/Vomiting	[ ]	[ ]
• Cough	[ ]	[ ]	• Diarrhea	[ ]	[ ]
• Difficulty of breathing	[ ]	[ ]	• Rash	[ ]	[ ]
• Sore throat	[ ]	[ ]	• Skin haemorrhage	[ ]	[ ]

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 communicables 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: 20 .. **Signature of Passenger/Crew**

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