Health Declaration Form
Quarantine Unit
Ministry of Health /Sri Lanka

Please fill the form truly and completely in English, please mark '√' on relevant cage
(For the children below 15 years, need to be filled by parent/guardian)

1) Name with Initials *(In Block Capitals)*:		**2) Sex :** Male ☐ Female ☐ **3) Nationality:** .....
4) Date of birth: ...../...../..... (dd/mm/yyyy)	**5) Pass port No:**	**6) Arrival Port in Sri Lanka :** CMB☐ GALLE☐ HAM☐ TRIN☐
7) Name of the ship:	**8) IMO No:**	**9) Cabin No:**
10) Last Port of call:	**11) Date of Departure:** ...../...../..... (dd/mm/yyyy)	**12) Ports of call within last 14 days :** .....
13) Reason for travelling : **Tourism** ☐ **Other (pl. specify).....**		**14) Period of stay in Sri Lanka:** **Years .....Months..... Days.....**

15) Permanent address: .....
.....

16) Address in Sri Lanka: .....
.....

17) Contact Details: Telephone (Foreign):.....,.....
Telephone (Sri Lanka):..... Email.....

18) Countries you have visited during last 14 days:.....
.....

19) If you are having any of following symptoms, please mark '√' on relevant cage:

Fever ☐ Sore throat ☐ Cough ☐ Running nose ☐ Shortness of breath ☐
Headache ☐ Diarrhoea ☐ Vomiting ☐ Fatigue ☐ Muscle/Joint pain ☐

Any other symptoms:.....

20) Did you have close contact with persons having above symptoms during last 14 days :

Yes ☐ No ☐

21) I declare all the information given by me is true and correct:

Signature:..... **Date:**...../...../.....
(dd/mm/yyyy)

For office Use only

Temperature of the traveller.....**°C/ °F**

Name of the Quarantine Staff .....

Signature of the Quarantine Staff .....