

GENERAL DECLARATION
OUTBOUND/INBOUND

Owner or Operator _____
Marks of Nationality _____
and Registration _____

FLT# _____

Date _____

FLIGHT ROUTING

Departure from: _____

Arrival at: _____

FLIGHT CREW INFORMATION
NAME

CAP

F/O

Departure Place: _____

Embarking _____

Through on _____

PASSENGERS

same flight _____

Arrival Place: _____

Disembarking _____

same flight _____

FOR OFFICIAL USE ONLY

Declaration of Health

Persons on board known to be suffering from illness other than airsickness or the effects of accidents, as well as those cases of illness disembarked during the flight.

NONE

Any other condition on board which may lead to the spread of disease.

NONE

Details of each disinfecting or sanitary treatment (place, date, time, method) during the flight. If no disinfecting has been carried out during the flight give details of most recent disinfecting.

NONE

Signed, if required _____

I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration are complete, exact and true to the best of my knowledge and that all passengers will continue / have continued on the flight.

SIGNATURE _____