



A-Health Declaration Form
Ministry of Health /Sri Lanka
Office Copy

Please fill the form accurately and completely in English
(For the children below 15 years, need to be filled by parent/guardian)

1) Name with Initials (<i>In Block Capitals</i>):		2) Sex (✓): Female <input type="checkbox"/> Male <input type="checkbox"/>	
		3) Nationality:	
4) Date of birth:/...../..... (dd/mm/yyyy)	5) Passport No:	6) Flight No. (<i>Arrived to Sri Lanka</i>) :	
		7) Seat No. of the flight:	
8) Country of beginning of this travel:	9) Date of departure from the country of beginning of this travel:/...../..... (dd/mm/yyyy)	10) Countries transited during current travel:	
11) Countries visited during last 14 days:			
12) Have you been diagnosed of having COVID-19 when you were in overseas (✓): Yes <input type="checkbox"/> No <input type="checkbox"/>			
13) Did you have close contact with confirmed COVID-19 patient or patient with flu during last 14 days (✓): Yes <input type="checkbox"/> No <input type="checkbox"/>			
14) If you experienced any of following symptoms within last 14 days, please mark '✓' on relevant cage: Fever <input type="checkbox"/> Sore throat <input type="checkbox"/> Cough <input type="checkbox"/> Runny nose <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Headache <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Vomiting <input type="checkbox"/> Fatigue <input type="checkbox"/> Muscle/Joint pain <input type="checkbox"/>			
15) Did you take any medicine (e.g. paracetamol) to suppress fever within last 1-2 days Yes <input type="checkbox"/> No <input type="checkbox"/>			
16) Address in Sri Lanka:			
17) Contact Details in Sri Lanka: Telephone (Sri Lanka):..... Email.....			
18) 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 Official stamp of the Health Office			



B-Health Declaration Form
Ministry of Health /Sri Lanka
Travellers's copy

Please fill the form accurately and completely in English
(For the children below 15 years, need to be filled by parent/guardian)

1) Name with Initials (<i>In Block Capitals</i>):		2) Sex (✓): Female <input type="checkbox"/> Male <input type="checkbox"/>	
		3) Nationality:	
4) Date of arrival to Sri Lanka :/...../..... (dd/mm/yyyy)	5) Passport No:	6) Country of beginning of this travel:	
7) Flight No. (<i>Arrived to Sri Lanka</i>) :		8) Seat No. of the flight:	
9) Address in Sri Lanka:			
10) Contact details in Sri Lanka: Telephone (Sri Lanka):..... Email.....			
Following to be filled by the staff of Airport Health Office			
Temperature of the traveller :°C / °F		Official stamp of the Health office	
Date :/...../..... (dd/mm/yyyy)			

If you are a foreigner, please keep this form till you leave the country. You may be asked to produce this by the health authorities during your stay in Sri Lanka. You should produce this at immigration when you departure Sri Lanka.

For Immigration only

Entry approval	
Entry grant	Signature :..... Date :/...../..... (dd/mm/yyyy)

Departure approval

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