सत्यमेव जयते

Self -Declaration Format

Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India.

***TO BE FILLED BY ALL INTERNATIONAL PASSENGERS AND PRESENTED AT THE HEALTH & IMMIGRATION COUNTER**

PART-I: PERSONAL INFORMATION

Details	Information	
Name of the Passenger		Age (in years):
Nationality:		Passport Number:
Phone Number (in India -Mandatory)		Alternate Number (India):
Email ID:		
Flight Number		Seat Number:
Date & Time of Arrival		Arriving from (Place)
Final Destination (Place)		
Places to be Visited During Stay in India		

PART – II: TRAVEL HISTORY

Have you visited/transited from EBOLA affected countries* in the Last 21 Days? ***DEMOCRATIC REPUBLIC OF CONGO*** ☐ ***UGANDA*** ☐ ***SOUTH SUDAN*** ☐ ***KENYA*** ☐	☐ Yes ☐ No

If the answer to the above question in **PART-II is "Yes",** please fill in PART-III & IV, Otherwise, proceed directly to PART-V.

PART- III: HEALTH DECLARATION

Details	Information
A. Exposure History: Have you or any of your family members cared for or lived with or come in contact with a case of Ebola disease or visited or worked in a hospital where cases of Ebola disease are being treated or attended the funeral of person/animal died of Ebola disease?	☐ Yes ☐ No
B. Symptoms at Present	☐ None at present ☐ Fever ☐ Muscle Pain ☐ Headache ☐ Vomiting ☐ Diarrhoea ☐ Sore Throat ☐ Rash

PART- IV: CONTACT ADDRESS IN INDIA (Address of Stay During the Next 21 Days) For Indian Nationals

Address Details	Information
House Number	
Street /Village	
Tehsil, District /City	
State	
PIN Code	

For Foreign Nationals

Residence/ Hotel/Hospital (in India)	
Residence Address of Country of Origin	

PART-V: DECLARATION BY PASSENGER

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. I understand that suppression or non-disclosure of relevant information may attract penal provisions under applicable laws.

I agree to comply with quarantine measures and/or any other instructions issued by health authorities, including medical examination, monitoring, isolation, or quarantine as prescribed.

Signature of Passenger: _____ Date: _____

IMPORTANT ADVISORY: If you develop symptoms such as fever, muscle pain, headache, vomiting, Diarrhea, sore throat or rash within 21 days of leaving this airport, restrict your outdoor movement and immediately contact the nearest health facility or public health authority and **Helpline number- 1075** ***and*** ***IDSP Alert Email ID:*** ***idsp-alert@nic.in***

**** Countries, as updated by WHO from time to time and based on internal risk assessment, will be added to the list.***