



Ministry of Health
(FORM 2)
AIRCRAFT GENERAL DECLARATION

GENERAL DECLARATION (Outward/Inward)

Operator .....
Marks of Nationality and Registration\* ..... Flight No. ....
Date.....
Departure from.....
(Place)
Arrival at.....
(Place)

FLIGHT ROUTING

("Place" Column always to list origin, every en-route stop and destination)

PLACE NAMES OF CREW\* NUMBER OF PASSENGERS ON THIS STAGE\*\*

Departure Place:
Embarking.....
Through on same flight.....
Arrival Place:
Disembarking.....
Through on same flight.....

For official use only

Declaration of Health

Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever - temperature 38°C/100 °F or greater - associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop

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

Signature, if required, with time and date \_\_\_\_\_

Crew member concerned
Signed, if required, with time and date

Crew member concerned

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 through passengers will continue/have continued on the flight.

SIGNATURE \_\_\_\_\_
Authorised Agent or Pilot-in-command

\*To be completed only when required by the State.
\*\* Not to be completed when passenger manifests are presented and to be completed only when required by the State.