

COVID-19 Self Declaration Form

Dear Passenger, the following information is necessary in accordance with the laws of the Government of Islamic Republic of Iran as a part of public health measures in response to the COVID-19 pandemic, and will be used just by ministry of health of I.R.Iran

***Completion and delivery of this form is required before entering the country /Also, the contact number field must be completed.**

1-Personal information:

1-Name of the passenger: الاسم	2-Gender(F/M): الجنس	3-Date of Birth: المواليد	4-Nationality: الجنسية	5-Passport No.: رقم الجواز	6-Date of arrival: تاريخ الوصول
7- Flight No.: رقم الرحلة	8-Seat No.: رقم الرحلة	9-Current residency address in Iran: عنوان السكن في ايران			
10-Your contact information in I.R. IRAN: رقم الهاتف في ايران		11-Permanent residency: عنوان الاقامة الدائمة			
Tel(Home): Cell(Mobile):					

2-Answer the following questions?

Which countries have you traveled to, during the last 14 days?

Do you have any history of underlying disease? Such as Diabetes

Blo pressure

Respiratory disease

Others

Loss of sense of taste

Fever

Cough

Dyspnea

Headache

Soar Throat

Loss of the sense of smell

Have you ever cared for a patient with new corona virus ?

Do you have lived with a covid-19 patient in the same place?

Have you ever had a new Corona virus ?

If yes, what was the action taken for you?

Hospitalization

Home care

Have you had a face-to-face contact with a case of new Corona virus ?

Have you visited or worked in a hospital where cases of Corona virus are being treated?

Has your family member been a suspect or probable case of new Corona virus?

Yes

No

Yes

No

Yes

No

Yes

No

3- Hereby, I (name), confirm the accuracy of the information in the above questionnaire.

Signature

الإسم و التوقيع