GENERAL DECLARATION (OUTWARD/ INWARD)

FLIGHT NUMBER:	OPERATOR: MARKS OF NATIONALITY AND REGISTRATION: FLIGHT NUMBER: DEPARTURE FROM:			
DEPARTURE FROM: ARRIVAL AT: FLIGHT ROUTING PLACE FROM: TO: CREW LIST NO. NAME. "NO. "NAME. "NO. "NO.				
FLIGHT ROUTING PLACE FROM:				
FLIGHT ROUTING PLACE FROM:				
PLACE FROM: TO: CREW LIST NO	ARRIVAL AT:			
TO:		F	LIGHT ROUTING	
NO NAME.	PLACE	FROM:		
NO NAME		TO:		
*TOTAL NUMBER OR CREW: * NUMBER OF PASSENGERS ON THIS STAGE DEPARTURE PLACE EMBARKING: THROUGH ON SAME FLIGHT: ARRIVAL PLACE DISEMBARKING: THROUGH ON SAME FLIGHT: * DECLARATION OF HEALTH PERSONS ON BOARD WITH ILLNESSES OTHER THAN AIRSICKNESS OR THE EFFECTS OF ACCIDENTS, (INCLUDING PERSONS WITH SYMPTOMS OR SINGS OF ILLNESSES SUCK AS RASH FEVER, CHILLS, DIARRHOEA) AS WELL AS THOSE CASES OF ILLNESSE DISEMBARKED DURING THE FLIGHT ANY OTHER CONDITIONS ON BOARD WHICH MAY LEAD TO THE SPREAD OF DISEASE 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 THE FLIGHT IF NO 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			CREW LIST	
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