

**GENERAL DECLARATION
(OUTWARD/ INWARD)**

OPERATOR:

MARKS OF NATIONALITY AND REGISTRATION:

FLIGHT NUMBER: DATE:

DEPARTURE FROM:

ARRIVAL AT:

FLIGHT ROUTING

PLACE FROM:

TO:

CREW LIST

NO.	...	NAME.
...
...
...

* 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 SIGNS OF ILLNESSES SUCH AS RASH, FEVER, CHILLS, DIARRHOEA) AS WELL AS THOSE CASES OF ILLNESS DISEMBARKED DURING THE FLIGHT

ANY OTHER CONDITIONS ON BOARD WHICH MAY LEAD TO THE SPREAD OF DISEASE

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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

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SIGNED, IF REQUIRED:

CREW MEMBER CONCERNED

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