



Government of the People's Republic of Bangladesh  
Ministry of Health & Family Welfare

**HEALTH DECLARATION FORM**

All information shall be kept confidential and will be used only for contact tracing in the event of your illness.

The Ministry of Health & Family Welfare, Government of the People's Republic of Bangladesh mandatorily requires all the passengers entering through ground crossings, by seaport, or by airport to fill in this form as a part of health screening at the port of entry.

Name:.....

Sex: Male / Female / Other Date of Birth:.....

Nationality:..... Passport No:.....

Flight/ Vehicle No:..... Seat No:.....

Port of Embarkation/Entry:.....

Date of Arrival:..... Date of Departure:.....

Countries visited within last 2 weeks (if any):.....

Address in Bangladesh:

District:..... Upazila:..... Union:.....

Village/Area:..... Road:..... House:.....

Phone no: 

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Please tick (✓) if you have any of the following symptoms:

- Sore Throat       Fever       Headache  
 Cough       Shortness of Breath       Vomiting Tendency

❖ Declaration: I hereby declare that the information provided in this form is true to the best of my knowledge.

Signature of Passenger:..... Signature of Health Officer:.....

**IHR, Migration Health, Emerging and Re-emerging Disease Control Programme, CDC, DGHS**  
Mohakhali, Dhaka

Please fill-up the above portion and submitted it to IHR health desk.

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Please fill-up this portion and submit it to immigration desk.

Name:.....

Sex: Male / Female / Other Date of Birth:.....

Nationality:..... Passport No:.....

Date of Arrival:..... Mobile No:.....

Address of stay in Bangladesh:.....

Signature of Passenger:..... Signature of Health Officer:.....

