



DECLARATION OF HEALTH STATUS

Date: **Location:** Tallinn Airport Port of Tallinn Narva
 Koidula Luhamaa Lilli Valga-1 Valga-3 Ikla

First name(s): **Surname:**

Date of birth: **Nationality:** **Gender:** M / F

Type of document: PASSSPORT / IDENTITY CARD

Document No.: **Document issued by (country):**

Country of departure: **Country of destination:**

Countries transited:

Arrival by public transport: YES NO **Seat number:**

Do you have any medical symptoms (a cough, runny nose, fever, difficulty breathing)? YES / NO

Contact with infected persons: YES / NO **When:** BEFORE TRAVELLING /
 WHILE TRAVELLING

Telephone number: **E-mail address:**

People travelling with me:

First name: Surname: Date of birth:

First name: Surname: Date of birth:

First name: Surname: Date of birth: