



**Pakistan Civil Aviation Authority**

**SECONDARY EXIT SCREENING FORM FOR SUSPECTED TRAVELLERS TO INTERNATIONAL FLIGHTS AT AIRPORTS**

**PLEASE FILL IN COMPLETE FORM, FALSE INFORMATION OF INTENT WILL BE FOLLOWED WITH LEGAL CONSEQUENCES**

Name \_\_\_\_\_ Sex:  Male  Female

Date of Birth \_\_\_\_\_ Nationality/Region \_\_\_\_\_

Passport No. \_\_\_\_\_ Destination \_\_\_\_\_

Flight No. \_\_\_\_\_ Seat No. \_\_\_\_\_

1. Destination Country \_\_\_\_\_ 2. Flight No. \_\_\_\_\_

3. Please describe the countries and cities (towns) where you stayed within the last 14 days? \_\_\_\_\_

4. Have you had contact with COVID-19 patients / person with Dry Cough, Temperature and/Difficulty in breathing within the last 14 days? Yes / No

5. If you have the symptoms and diseases, please mark with "√" in the corresponding

Fever  Cough  Sore throat  Headache  Fatigue

Diarrhea  Vomiting  Runny nose  Breath Difficulty

Other Symptoms \_\_\_\_\_

**I declare that all the information given in this form is true and correct.**

Signature of passenger \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL PHYSICAL EXAMINATION BY MEDICAL OFFICER**

**SYSTEMIC EXAMINATION BY MEDICAL OFFICER**

<b>FIT TO TRAVEL</b>	<b>UNFIT TO TRAVEL</b>
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Health Authority

(Signature and Seal)

Dated: \_\_\_\_\_