



གསོ་བའི་ལྷན་ཁག། དཔལ་ལྷན་འབྲུག་གཞུང།
Ministry of Health
Royal Government of Bhutan



Health Declaration Form

(All your information shall be kept confidential and will be used only for contact tracing)

In light of the COVID-19 (coronavirus) outbreak, the Ministry of Health, Royal Government of Bhutan mandatorily requires all passengers arriving by all modes of transport to fill in this form.

Name: _____ Age _____ Sex: Female Male

Nationality: _____ Passport No.: _____

CID (Bhutanese): _____ Flight No.: _____ Seat No.: _____

Port of 1st embarkation(origin): _____

List of transit countries: _____

Port of last embarkation: _____

Date of Arrival: _____

Date of Departure from Bhutan (if applicable): _____

List countries visited in the last 2 weeks: _____

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

- | | | |
|--------------------------|------------------------------|-----------------------------|
| • Fever | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Cough | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Breathing difficulties | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



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For Tourists/Foreigners

Specify address in Bhutan (travel agent/hotel/residence):

Phone no. of travel agent/hotel (in Bhutan): _____

List the places you will be visiting in the country:

For Bhutanese

Residential address: _____

Mobile No.: _____

In case you have the above symptoms with travel history to COVID-19 affected countries, you may be subjected to COVID-19 test and quarantined/isolated until the laboratory confirmation is available.

If you develop any of these symptoms within 2 weeks of your arrival, please call 112 or visit the nearest health facility

If you have a travel history to high risk affected places/countries, you will be followed up for 14 days

Declaration: I hereby declare that the information provided in this form is true to the best of my knowledge. I understand that any false declaration shall be liable for penalty as per the Section 410 of the Penal Code Act of Bhutan 2011.

Signature of Passenger: _____

For official use:

Signature (Health officer): _____