



Travel Declaration Form(Parents)

For the health and safety of our community, declaration of illness is required. Be sure that the information you'll give is accurate and complete. Please get immediate medical attention if you have any of the COVID-19 signs.

Father's Name:

First Name

Last Name

ID Number

Have you travelled abroad during 2021?

Yes

No

Name of the area(s) visited

Country, State, City



Dates of Travel

Arrival and return dates for each area

Have you been in contact with people being infected, suspected or diagnosed with COVID-19?

Yes

No

Your relationship with the people and last your last contact date with them.

Signature/Date:



Travel Declaration Form(Parents)

For the health and safety of our community, declaration of illness is required. Be sure that the information you'll give is accurate and complete. Please get immediate medical attention if you have any of the COVID-19 signs.

Mother's Name:

First Name

Last Name

ID Number

Have you travelled abroad during 2021?

Yes

No

Name of the area(s) visited

Country, State, City



Dates of Travel

Arrival and return dates for each area

Have you been in contact with people being infected, suspected or diagnosed with COVID-19?

Yes

No

Your relationship with the people and last your last contact date with them.

Signature/Date: