



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

FIT TO TRAVEL UNFIT TO TRAVEL

Health Authority

(Signature and Seal)

Dated: _____