ThaiDoctor UK

# Medical Information/Declaration

**All sections must be completed clearly. Use Block letters when completing this form. Yes/No boxes should be completed with a cross in the relevant box**

To be completed by Passenger

**1. Passenger Details:**

| 1.1 Family name , First name | 1.2 Date of Birth | 1.3 Title | 1.4 E-mail | 1.5 Contact Telephone No. |
|---|---|---|---|---|
| 1.6 Passport Number | | | | |
| 1.7 Address | | | | |

**2. Itinerary:** _____     **Booking Ref. Number:……………………………………………………….**

| Date | Flight No. | From | To | Class |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

| Date | Flight No. | From | To | Class |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

| | | |
|---|---|---|
| **Symptom 1** | **Do you have fever/ high temperature?** | No ☐  Yes ☐  Specify: |
| **Symptom 2** | **Do you have persistent cough?** | No ☐  Yes ☐  Specify: |
| **Symptom 3** | **Do you have Shortness of Breath?** | No ☐  Yes ☐  Specify: |
| | | No ☐  Yes ☐  Specify: |

**Passenger's declaration**

I have read and understood the questions in this declaration and confirm that my answers and all the information provided herein are true, correct and complete and that any documents submitted along with this information form are genuine .

Signature…………………………………………………Date……………………………………………………