## **GENERAL DECLARATION**

(Outward/Inward)

Owner or Operator				
Marks of Nationality	Fliç			
and Registration				Date
Departure from		rıval at	(Place	
			(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
("F	Place"Column always to list origin,	ROUTING every en-rou	te stop and d	estination)
PLACE	TOTAL NUMBER OF CREW		NUMBER OF PASSENGERS ON THIS STAGE	
			Departure Pla	ace:
			Embarking	
			Through on same flight	
			Arrival Place	
			Disembarking	
			inrough on s	ame flight
DECLARATION OF HEALTH				FOR OFFICIAL USE
Persons on board with illnesses other than airsickness or the effects of acci (including persons with symptoms or signs of illness such as rash, fever, ch				ONLY
(including persons with	symptoms or signs of illness such as	rash, fever, ch		
	symptoms or signs of illness such as ose cases of illness disembarked dur		ms,	
diarrhoea) as well as the	ose cases of illness disembarked dur	ring the flight:		
diarrhoea) as well as the		ring the flight:		
diarrhoea) as well as the	ose cases of illness disembarked dur	ring the flight:		
Any other condition on k	ose cases of illness disembarked dur	ring the flight:		
Any other condition on be Details of each disinsecting flight. If no disinsecting	ose cases of illness disembarked dur	of the disease:	d) during the	
Any other condition on b	ose cases of illness disembarked dur	of the disease:	d) during the	
Any other condition on be Details of each disinsecting flight. If no disinsecting	ose cases of illness disembarked dur	of the disease:	d) during the	
Any other condition on be Details of each disinsecting flight. If no disinsecting	ose cases of illness disembarked dur	of the disease:	d) during the	
Any other condition on be Details of each disinsecting flight. If no disinsecting	coord which may lead to the spread coord which may lead to the spread coord or sanitary treatment (place, dath has been carried out during the flight	of the disease:  te time, method give details of	l) during the most recent	
Any other condition on be Details of each disinsecting disinsecting:	coord which may lead to the spread coord which may lead to the spread coord or sanitary treatment (place, dath has been carried out during the flight	of the disease:	l) during the most recent	
Any other condition on be a co	coord which may lead to the spread coord which may lead to the spread coord or sanitary treatment (place, dath has been carried out during the flight	of the disease:  te time, method give details of	d) during the most recent	nd in any supplementary forms

I declare that all statements and particulars contained in this General Declaration and in any supplementary forms required to be presented with this General Declaration are complete and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.

Signature