

General Declaration

OWNER/OPERATOR: REGISTRATION:		FLIGHT NO:	
----------------------------------	--	------------	--

DEPART FROM:	(place and country)	ARRIVAL AT:	(place and country)
--------------	---------------------	-------------	---------------------

FLIGHT ROUTING

(MUST LIST ORIGIN, EVERY EN-ROUTE STOP AND DESTINATION)

PLACE	TOTAL NUMBER OF CREW	NUMBER OF PASSENGERS ON THIS STAGE**	CARGO
		Departure Place: _____ Embarking: _____ Through on same flight: _____ Arrival Place: _____ Disembarking: _____ Through on same flight: _____	

DECLARATION OF HEALTH*	FOR OFFICIAL USE ONLY
Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever-temperature 38°C/100°F or greater-associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as cases of illness disembarked during a previous stop:	
Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting: Signed, if required: _____ Date/Time: _____ (crew member concerned)	

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, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.

* To be completed only when required by the State

** Not to be completed when passenger manifests are presented and to be completed only when required by the State.

SIGNATURE:

Authorized Agent or Pilot-in-command