INTERNATIONAL SANITARY CONVENTION FOR AERIAL NAVIGATION, 1944

PERSONAL DECLARATION OF ORIGIN AND HEALTH

(International Form)

(For passengers on aircraft)

PORT OF ARRIVAL

1. Name in full.....
(BLOCK LETTERS. Surname first)
2. Nationality .....
3. Passport number .....
4. Permanent (home) address.....
5. Precise address to which immediately proceeding.....
6. State where you spent the fourteen nights prior to arrival in this country....

Last night	8 nights ago.. .....
2 nights ago.....	9 nights ago.....
3 nights ago.....	10 nights ago.....
4 nights ago.....	11 nights ago.....
5 nights ago.....	12 nights ago.....
6 nights ago.....	13 nights ago.....
7 nights ago.....	14 nights ago.....

7. I am in possession of a certificate of inoculation or vaccination against:

Cholera
Yellow fever
Typhus
Smallpox

8. I declare that I have had no illness within the past fourteen days except as follows .....

.....

I declare that the information given above is correct to the best of my knowledge and belief.

Signature .....

Date .....