



ISLAMIC REPUBLIC OF IRAN  
Ministry of Health and  
Medical Education

## COVID-19 Self Declaration Form

Dear Passenger, the following information is necessary in accordance with the laws of the Government of Islamic Republic of Iran as a part of public health measures in response to the COVID-19 pandemic, and will be used just by ministry of health of I.R.Iran



\*Completion and delivery of this form is required before entering the country /Also, the contact number field must be completed.

### 1-Personal information:

1-Name of the passenger:	2-Gender(F/M):	3-Date of Birth:	4-Nationality:	5-Passport No. :	6-Date of arrival:
7- Flight No. :	8-Seat No. :	9-Current residency address in Iran:			
10-Your contact information in I.R. IRAN		11-Permanent residency:			
Tel(Home):		Cell(Mobile):			

### 2-Answer the following questions?

Which countries have you traveled to, during the last 14 days? .....

Do you have any history of underlying disease? Such as Diabetes  Blood pressure  Cardiovascular disease  Respiratory disease  Others

**Which of the following symptoms do you have now?**

Fever  Cough  Dyspnea  Headache  Sore Throat  Body pain  Nausea  Vomiting  Diarrhea  Runny nose  Loss of the sense of taste  Loss of the sense of smell

Have you ever cared for a patient with new corona virus ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you had a face-to-face contact with a case of new Corona virus ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have lived with a covid-19 patient in the same place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you visited or worked in a hospital where cases of Corona virus are being treated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had a new Corona virus ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has your family member been a suspect or probable case of new Corona virus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, what was the action taken for you? Hospitalization  Home care

3- Hereby, I (name) ....., confirm the accuracy of the information in the above questionnaire.

Signature