

Civil Aviation Authority of Bangladesh
Passenger Health Declaration Form

All passengers MUST complete this form before Check-in.

Please note that appropriate legal actions will be imposed for any false declaration made by any individual.

Flight no/Date. **BG-**_____

Passenger name (as on ticket) **Mr/Mrs.**_____

Ticket no. **997-**_____

NID/MOB no. _____

01. Do you have a fever and a cough? YES NO
02. Do you have a fever and breathing difficulty? YES NO
03. Have you been refused boarding in the past 14 days due to medical reason related to COVID-19? YES NO

Date.....

Signature.....

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