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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