



## Health Declaration Form for travelers entering Bonaire

To protect your health and the health of the general public of Bonaire, you are required by the public health department of Bonaire to complete this form. Your information allows the public health officers to contact you when necessary with regard to communicable diseases. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and is used for public health purposes only. Thank you for your assistance to protect your health and the health of the general public of Bonaire.

One form should be completed by each person. Parents should complete this form for minors. Please print in capital (UPPERCASE) letters.

### FLIGHT INFORMATION

Airline name:	Flight number:	Seat number:
Arrival date (DD/MM/YYYY):		Departure date (DD/MM/YYYY):

### PERSONAL AND CONTACT INFORMATION

Last (family) name	
First name	
Date of birth	
Your sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Country of residence	
Email address	
Mobile phone number(s)	
Name of accommodation (if applicable)	
Destination address	
Name, e-mail address and phone number emergency contact person	

### HEALTH INFORMATION

1. Do you have any of the following symptoms at this moment: (Please tick the box if the answer is yes)	<input type="checkbox"/> Nose congestion <input type="checkbox"/> Runny nose <input type="checkbox"/> Sneezing <input type="checkbox"/> Coughing <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Fever/chills <input type="checkbox"/> Sudden loss of smell and/or taste <input type="checkbox"/> I have none of the above symptoms
2. Have you been in contact with a confirmed case of COVID-19 in the past 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you traveled to countries other than the Netherlands, Belgium, Luxembourg, Germany, France or the BES-CAS islands <sup>1</sup> in the past 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a medical or travel insurance that covers COVID-19 related issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did you do a COVID-19 PCR test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If you did a COVID-19 PCR test: what was the result?	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable

<sup>1</sup> BES-CAS islands: Bonaire, St. Eustatius, Saba, Curacao, Aruba, Sint Maarten

I hereby declare that I have truthfully completed this form and I understand that I am liable for all medical costs for myself while I am in Bonaire. Signature: \_\_\_\_\_

Please hand in the completed form to one of the crew members of your flight. All forms will be collected in a sealed envelope and handed to the public health officer upon arrival in Bonaire.