

# GENERAL DECLARATION



OPERATOR:					
AC REGISTRATION:		FLIGHT NO:		DATE:	
DEPARTURE FROM:		ARRIVAL AT:			
DEPARTURE TIME:		ARRIVAL TIME:			
CONTACT DETAILS:					
TELEPHONE NO:		MAIL ADDRESS:			
CREW					
LAST NAME	FUNC	FIRST NAME	BIRTH DATE	BIRTH PLACE	NATIONALITY/ PASSPORT NO
PASSENGER					
LAST NAME	FIRST NAME	BIRTH DATE	BIRTH PLACE	NATIONALITY/ PASSPORT NO	
Declaration of Health					
Persons on board known to be suffering from illness other than airsickness or the effects of accidents, as well as those cases of illness disembarked during the flight:					No <input type="checkbox"/>
Any other condition on board which may lead to the spread of disease:					No <input type="checkbox"/>
Details of each disinsection or sanitary treatment (place, date, time, method) during the flight. If no disinsection has been carried out during the flight give details of most recent disinsection:					No <input type="checkbox"/>
Signed, if required (Crew member):					
I declare that all statements and particulars contained in this General Declaration and in supplementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.					
NAME and SIGNATURE (PIC):					