APPENDIX E DECLARATION OF HEALTH FORM

	GENERAL DECLARA (Outward/Inward)	
-	Registration	
	Arrival at (Place)	
	FLIGHT ROUTIN ("Place" Column always to list origin, every en-	
PLACE	NAMES OF CREW*	NUMBER OF PASSENGERS ON THIS STAGE**
		Departure Place: Embarking Through on same flight
		Arrival Place: Disembarking Through on same flight
airsickness or the ef disease (a fever — tr of the following si coughing; impaired bruising or bleeding likelihood that the pe illness disembarked d 	ber or function of persons on board with illnesses fects of accidents, who may be suffering from a co emperature 38 °C/100 °F or greater — associated with gns or symptoms, e.g. appearing obviously unwell breathing; persistent diarrhoea; persistent vomiting; without previous injury; or confusion of recent onset, i rson is suffering a communicable disease) as well as s luring a previous stop	ommunicable one or more ell; persistent g; skin rash; increases the such cases of
	5	est of my knowledge and that all through passengers w
* To be completed when	0 mm × 297 mm (or 8 1/4 × 11 3/4 inches).	Authorized Agent or Pilot-in-command

ANNEX 9

APP 1-1

15/7/07 No. 20