



Ministry of Health and Family Welfare  
Government of India

**SELF REPORTING FORM**

**FOR ALL TRAVELLERS ARRIVING FROM CHINA, HONG KONG, REPUBLIC OF KOREA, ITALY,  
IRAN AND OTHER COVID-19 (Novel Coronavirus) AFFECTED & NON-AFFECTED  
COUNTRIES\***

**(TO BE PRESENTED AT THE HEALTH/IMMIGRATION COUNTER)**

All persons coming to India from COVID-19 affected and Non-affected countries are required to fill-up this proforma. You are requested to provide the following information to safeguard your own health.

**Personal Information**

1	Name		
	Age & Sex		
2	Seat No.	3. Flight No.	
4	Passport No.		
5	Date of Arrival		
6	Port of origin of Journey		
7	Port of final destination		

**Contact Address in India for All Travelers:**

1	House Number	
2	Street/ Village	
3	Tehsil	
4	District/ City	
5	State	
6	Pin	
7	Residence Number	
8	Mobile Number * (mandatory field)	
9	E mail ID	

**(PART-A)**

a. Details of the cities / countries visited in last 14 days? \_\_\_\_\_

b. Are you suffering from any of the following symptoms\*\*

- Fever                                      Yes                                      No
- Cough                                        Yes                                        No
- Respiratory distress                    Yes                                        No

Signature of the passenger

\*AS NOTIFIED BY W.H.O. FOR LOCAL TRANSMISSION. (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>)

\*\*For the countries under universal screening, please present yourself to the Airport Health counter for screening. For other countries, if answer to any of the above questions is "yes", please present yourself to the Airport Health counter for preliminary screening.

*In case you develop symptoms such as fever and cough within 28 days of leaving this airport, restrict your outdoor movement and contact MoHFW's 24 hours helpline number 011-23978046 & DISHA: 04712552056 (Toll free 1056). Call operator will tell you whom to contact further. In the meanwhile, keep yourself isolated in your house/room.*



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**(PART-A)**

c. Details of the cities / countries visited in last 14 days? \_\_\_\_\_

d. Are you suffering from any of the following symptoms\*\*

- |                        |     |    |
|------------------------|-----|----|
| • Fever                | Yes | No |
| • Cough                | Yes | No |
| • Respiratory distress | Yes | No |

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