

**Embassy of the Republic of the Union of Myanmar, Belgrade**  
**Health Declaration Form**

1. Name - \_\_\_\_\_
2. Passport No. - \_\_\_\_\_
3. Nationality - \_\_\_\_\_
4. Age/Date of Birth - \_\_\_\_\_
5. Sex - \_\_\_\_\_
6. Permanent Address and Contact - \_\_\_\_\_  
Phone No. \_\_\_\_\_
7. Address in Myanmar and Contact - \_\_\_\_\_  
Phone No. or Email \_\_\_\_\_
8. Trip Plan In Myanmar - \_\_\_\_\_  
\_\_\_\_\_
9. Did you travel any city/ country - \_\_\_\_\_  
within 14 days \_\_\_\_\_  
(Mention name of country, region and visited date)
10. Did your family members travel - \_\_\_\_\_  
any city/country within 14 days \_\_\_\_\_  
(Mention the name country, region and visited date)
11. Do you have any destination before - \_\_\_\_\_  
going to Myanmar \_\_\_\_\_  
(Mention the name of destination and possible visit date)
12. Do you have any Sign and Symptoms -  High Body Temperature  Cough  
 Sore Throat  Sneezing  
 Others \_\_\_\_\_

13. Do you have any family members -  Yes  No  
and friends who had above mentioned  
Symptoms

14. If yes, Mention their names, relation - \_\_\_\_\_  
and recent personal contact \_\_\_\_\_

15. Did you go any Hospital/ Clinic within - \_\_\_\_\_  
14 days (Mention name of Hospital/  
Clinic and reason for going) \_\_\_\_\_

I certified that the information is accurate and correct \_\_\_\_\_  
(Signature of Applicant)

Date : \_\_\_\_\_