



**EMIRATES FUTURE INTERNATIONAL ACADEMY  
MUSSAFH, ABU DHABI**

**TRAVEL DECLARATION FORM**

To protect your health and others you need to fill this form. Your information will be helpful to us. It is important to fill out this form completely and accurately.

**NAME** :

**EMIRATES ID/PASSPORT NUMBER** :

**AIRPORT OF DEPARTURE** :

**DATE OF FLIGHT** :

**FLIGHT NUMBER** :

**AIRPORT OF ARRIVAL** :

**ARRIVAL DATE** :

**ADDRESS IN THE UAE** :

**AREA AND STREET** :

**CONTACT NUMBER** :

**NATIONALITY** :

1. Did you in the past 14 days come in closed contact with someone who has been diagnosed with COVID-19? Yes / No

2. Have you tested Covid-19 in the Airport? Yes /No

3. What was the result? Negative / Positive

I hereby declare that I'm fit to enter into school premises and confirm that I have filled the information accurately and I have carefully considered the statements made above and that to the best of my knowledge.

**NAME:**

**DATE:**