



Annexure-A

Pakistan Civil Aviation Authority

**SECONDARY EXIT SCREENING FORM FOR SUSPECTED TRAVELLERS TO
INTERNATIONAL FLIGHTS AT AIRPORTS**

**PLEASE FILL IN COMPLETE FORM, FALSE INFORMATION OF INTENT WILL BE FOLLOWED
WITH LEGAL CONSEQUENCES**

Name _____ Sex: ☐ Male ☐ Female

Date of Birth _____ Nationality/Region _____

Passport No. _____ Destination _____

Flight No. _____ Seat No. _____

1. Destination Country _____ 2. Flight No. _____

3. Please describe the countries and cities (towns) where you stayed within the last
14 days? _____

4. Have you had contact with COVID-19 patients / person with Dry Cough,
Temperature and/Difficulty in breathing within the last 14 days? Yes / No

5. If you have the symptoms and diseases, please mark with "✓" in the corresponding ☐

☐ Fever ☐ Cough ☐ Sore throat ☐ Headache ☐ Fatigue

☐ Diarrhea ☐ Vomiting ☐ Runny nose ☐ Breath Difficulty

☐ Other Symptoms _____

I declare that all the information given in this form is true and correct.

Signature of passenger _____ Date: _____

GENERAL PHYSICAL EXAMINATION BY MEDICAL OFFICER

SYSTEMIC EXAMINATION BY MEDICAL OFFICER

FIT TO TRAVEL	UNFIT TO TRAVEL
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Health Authority

(Signature and Seal)

Dated: _____