



H1N1 Passenger Declaration Form

I, Mr/Mrs/Ms acknowledge that in the event I contract the H1N1 virus, I will be subject to Quarantine or deportation to/from any transit point or the destination.

The agent has informed me about the vaccination requirements and I will not hold him/her responsible for the resulting consequences.

Name:- _____

Nationality/Passport No:- _____

Date of Birth:- _____

Signature:- _____

Date:- _____