



ANNEX - 1

Details of the Tourists			
Name	Date of Birth	Passport No	Nationality

Medical History – To be filled by in-house medical practitioner				
Name	Temperature	History of fever – YES/NO	Respiratory symptoms – YES/NO (<i>Cough, Sore throat, Running nose, Shortness of breath</i>):	Under Quarantine or Isolation

ACKNOWLEDGEMENT:
I hereby certify that the above are true and correct to the best of my knowledge

Name of Medical Practitioner:		Position:	
Contact No/ Email:		Signature:	

On behalf of Requesting Tourist Facility

Name:	
Designation:	
Contact No:	
Signature:	Stamp:

Documents to submit with this form:

Passport Copy of Tourist