

**MANDATORY TO COMPLETE
BY EACH PASSENGER**



ARRIVAL HEALTH DECLARATION

PASSENGER IDENTITY (AS SHOWN ON PASSPORT)

Family Name

First Name(s)

Date of Birth (DD/MM/YYYY) Gender M/F

Passport Number

CONTACT DETAILS IN THE COOK ISLANDS

Contact number

Address or Accommodation

TRAVEL INFORMATION

Date of Arrival Date of Departure (from Raro)

Flight Number Seat Number

Pursuant to section 20 of the COVID-19 Act 2020, the following health enquiries will be made on your arrival into the Cook Islands by a duly authorised official. Please answer these questions in advance by filling in this form and handing it over when requested to do so. A responsible adult should fill in this form for a child (under 18 years).

You are required to answer the health questions truthfully and it is an offence to intentionally or recklessly provide false or misleading information which may result in a term of imprisonment not exceeding 12 months or to a fine not exceeding \$10,000.

If you refuse to answer these questions, you may be required to undergo a test for COVID-19 and may be placed in quarantine (at your expense) until such time as those test results are known.

PLEASE TURN OVER FOR HEALTH DECLARATION QUESTIONS



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Please mark answers clearly with a cross **X**

1. MEDICAL INFORMATION (PLEASE CROSS YES OR NO)

SYMPTOMS	YES	NO
Are you feeling well today?		
Do you have a respiratory infection?		
Do you have a fever?		
Do you have a new or worsening cough?		
Do you have a sore throat?		
Do you have difficulty breathing?		
Do you have coryza – head cold e.g. runny nose, sneezing, post-nasal drip?		
Do you have anosmia – loss of sense of smell?		
Did you have your temperature checked prior to departure?		
Are you suffering from any infectious diseases?		

2. HISTORY OF EXPOSURE (PLEASE CROSS YES OR NO)

	YES	NO
In the last 14 days have you been in any country other than New Zealand or the Cook Islands? If yes, list them: _____		
In the last 14 days have you had contact with anyone diagnosed with COVID-19?		
Have you ever been diagnosed with COVID-19? If yes, date of diagnosis: _____		
In the last 14 days have you worked at an International Airport, Maritime Port or at a Quarantine or Managed Isolation Facility?		
In the last 14 days have you worked on an international aircraft or shipping vessel?		
Are you intending to travel to the outer Islands/ Pa enua?		
List the regions/cities you have visited in New Zealand in the last 14 days: _____		

I declare that the information I have given is true, correct and complete.

Signature	Date
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Responsible adult to sign for child under 18 years

**For Official
Use Only**