










# HEALTH DECLARATION FORM

Keep this Health Declaration Form with your training documents for verification purposes on arrival. You must present this declaration when entering the JAA TO Headquarters in Schiphol Rijk, or when asked to do so by JAA TO staff.

The information you provide here may be used by JAA TO or the public health authorities, in accordance with Dutch legislation, in the context of the public health response to COVID-19.

		Yes	No
1	Do you currently have symptoms of, or have you been diagnosed with, pneumonia or coronavirus disease (COVID-19)? 		
2	In the past 14 days, have you been in contact with someone who is or could be infected with coronavirus? 		
3	In the past 24 hours, have you had any of the following symptoms:	Yes	No
	1. Fever or evaluated temperature 		
	2. Cough 		
	3. Runny nose 		
	4. Sore throat 		
	5. Shortness of breath 		
	6. Loss of taste and smell 		
4	Are you in quarantine because you have had direct contact with someone with a confirmed COVID-19 infection? Or have been in a code orange or code red country (the past 14 days)?* 		

\*codes can be found on [www.netherlandsworldwide.nl/travel](http://www.netherlandsworldwide.nl/travel)

direct link for countries and regions checking in Dutch language only <https://www.nederlandwereldwijd.nl/landen>

*If you answered yes to one or more of these questions, consider joining our virtual course, or reschedule your visit.*

*Please contact our JAA Staff for more information.*

Visitor information	
First name	
Last name	
Country of Residence	
Country traveling from	
Company name	
Work email address	
Personal email Address	
Contact phone	

Completed truthfully on: .....(day) ..... (month) 2020 Time: ..... : .....

Signature:

**JAA**  
Training Organisation