




# HEALTH DECLARATION FORM

*Keep this Health Declaration Form (HDF) with your training documents for verification purposes upon arrival. You must present this declaration when entering the JAA Training Organisation (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 and/or the Dutch public health authorities, in accordance with Dutch legislation, in the context of the public health response to COVID-19. The form must be completed for every visitor aged 13 and above.

		Yes	No
1	 Do you experience/have experienced within the last 24 hours acute symptoms of pneumonia or coronavirus disease (COVID-19) (e.g. dry cough, fever, problems with your sense of smell and/or taste)?		
2	 In the last 14 days, have you been in contact with a person, who has been diagnosed with COVID-19 within the last 4 weeks and/or		
3	 Have you fallen ill with COVID-19 within the last 4 weeks? and/or has a quarantine been declared?		
4	In the last 14 days, have you stayed in a high risk area as defined by the Dutch government as a code 'orange' or 'red' country?* <small>*codes can be found on <a href="https://www.nederlandwereldwijd.nl">https://www.nederlandwereldwijd.nl</a> (Dutch only); for English information check <a href="https://www.government.nl">https://www.government.nl</a></small>		
<p><i>If you answered 'yes' to one or more of the above questions, consider joining our virtual course or reschedule your visit. Please contact JAA TO staff for more information. JAA TO strongly recommends for <a href="#">self-testing</a> prior to arrival to ensure safety of all trainees. If you have symptoms of COVID-19, you should always self-quarantine.</i></p>			
5	Which of the following is applicable to you? <div> <div>1. Fully (incl. booster shot) vaccinated for COVID-19?</div> <div>2. Partially vaccinated for COVID-19?</div> <div>3. Not vaccinated for COVID-19?</div> <div>4. Recently recovered from COVID-19? (less than 4 weeks; proof required)</div> <div>5. Negative PCR test (within 48 hours) for COVID-19?</div> </div>		

Visitor information	
First name	
Last name	
Contact email	
Contact phone	

Completed truthfully on: .....(day) ..... (month) 2022 Time: ..... : .....

Signature:

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