

GENERAL DECLARATION  
(INWARD)

OWNER OR OPERATOR: XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXE

DATE: XXXXXXXXX1XXXXXE

MARKS OF NATIONALITY AND REGISTRATION: XXXXXXXXXE

FLIGHT NO: XXXXXE/XXXXE

DEPARTURE FROM: XXXXXXXXX1XXXXXXXXX2XXXXXE

ARRIVAL AT: XXXXXXXXX1XXXXXXXXX2XXXXXE

## CODE SHARE FLIGHT NO

|              |              |              |              |              |
|--------------|--------------|--------------|--------------|--------------|
| XXXXXE/XXXXE | XXXXXE/XXXXE | XXXXXE/XXXXE | XXXXXE/XXXXE | XXXXXE/XXXXE |
| XXXXXE/XXXXE | XXXXXE/XXXXE | XXXXXE/XXXXE | XXXXXE/XXXXE | XXXXXE/XXXXE |

PLACE

NUMBER OF PASSENGERS  
ON THIS STAGE

XXXXXXXXX1XXXXXXXXX2XXXXXE

XXXXXXXXX1E XX:XE

XXXXXXXXX1XXXXXXXXX2XXXXXE

XXXXXXXXX1E XX:XE

XXXXXXXXX1XXXXXXXXX2XXXXXE

XXXXXXXXX1E XX:XE

XXXXXXXXX1XXXXXXXXX2XXXXXE

XXXXXXXXX1E XX:XE

DEPARTURE PLACE:  
EMBARKING  
THROUGH ON SAME FLIGHT  
ARRIVAL PLACE:  
DISEMBARKING  
THROUGH ON SAME FLIGHT

## FOR OFFICIAL USE ONLY

## 入港届受理通知書

XXXXXXXXX1E

ATA :XX:XE

SPOT:XXXXE

BUILD:N

CREW:NNE-NNE-NNE-NNE

PAX :NNE-NNE-NNE

SHIP :XXE

FLG :XE

SIGN:XXXXE

## DECLARATION OF HEALTH

NAME AND SEAT NUMBER OR FUNCTION OF PERSONS ON BOARD WITH ILLNESSES OTHER THAN AIRSICKNESS OR THE EFFECTS OF ACCIDENTS, WHO MAY BE SUFFERING FROM A COMMUNICABLE DISEASE (A FEVER-TEMPERATURE 38°C/100° F OR GREATER-ASSOCIATED WITH ONE OR MORE OF THE FOLLOWING SIGNS OR SYMPTOMS, E.G. APPEARING OBVIOUSLY UNWELL; PERSISTENT COUGHING; IMPAIRED BREATHING; PERSISTENT DIARRHOEA; PERSISTENT VOMITING; SKIN RASH; BRUISING OR BLEEDING WITHOUT PREVIOUS INJURY; OR CONFUSION OF RECENT ONSET, INCREASES THE LIKELIHOOD THAT THE PERSON IS SUFFERING A COMMUNICABLE DISEASE) AS WELL AS SUCH CASES OF ILLNESS DISEMBARKED DURING A PREVIOUS STOP. (A)

## DECLARATION OF HEALTH

DETAILS OF EACH DISINSECTING OR SANITARY TREATMENT (PLACE, DATE, TIME, METHOD) DURING THE FLIGHT. IF NO DISINSECTING HAS BEEN CARRIED OUT DURING THE FLIGHT, GIVE DETAILS OF MOST RECENT DISINSECTING. (B)

## CREW MEMBER CONCERNED:

XXXXXXXXX1XXXXXXXXX2XXXXE XXXXXXXXX1XXXXXXXXX2XE XXXXXXXXX1XXXXXXXXX2XE

I DECLARE THAT ALL STATEMENTS AND PARTICULARS CONTAINED IN THIS GENERAL DECLARATION, AND IN ANY SUPPLEMENTARY FORMS REQUIRED TO BE PRESENTED WITH THIS GENERAL DECLARATION, ARE COMPLETE, EXACT AND TRUE TO THE BEST OF MY KNOWLEDGE AND THAT ALL THROUGH PASSENGERS WILL CONTINUE/HAVE CONTINUED ON THE FLIGHT.

SIGNATURE: XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6XXXXXXXXXE  
(AUTHORIZED AGENT OR PILOT-IN-COMMAND)

REMARK : XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6XXXXXXXXXE

GENERAL DECLARATION  
(INWARD)

OWNER OR OPERATOR: XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXE

DATE: XXXXXXXXX1XXXXE

MARKS OF NATIONALITY AND REGISTRATION: XXXXXXXXXE

FLIGHT NO: XXXXE/XXXXE

DEPARTURE FROM: XXXXXXXXX1XXXXXXXXX2XXXXE

ARRIVAL AT: XXXXXXXXX1XXXXXXXXX2XXXXE

PRESENCE OF PERSON WHO MAY BE SUFFERING FROM COMMUNICABLE DISEASE: N NNE

(A)

|                           |                        |                        |     |     |
|---------------------------|------------------------|------------------------|-----|-----|
| XXXXXXXXX1XXXXXXXXX2XXXXE | XXXXXXXXX1XXXXXXXXX2XE | XXXXXXXXX1XXXXXXXXX2XE | XXE | XXE |
| XXXXXXXXX1XXXXXXXXX2XXXXE | XXXXXXXXX1XXXXXXXXX2XE | XXXXXXXXX1XXXXXXXXX2XE | XXE | XXE |
| XXXXXXXXX1XXXXXXXXX2XXXXE | XXXXXXXXX1XXXXXXXXX2XE | XXXXXXXXX1XXXXXXXXX2XE | XXE | XXE |
| XXXXXXXXX1XXXXXXXXX2XXXXE | XXXXXXXXX1XXXXXXXXX2XE | XXXXXXXXX1XXXXXXXXX2XE | XXE | XXE |
| XXXXXXXXX1XXXXXXXXX2XXXXE | XXXXXXXXX1XXXXXXXXX2XE | XXXXXXXXX1XXXXXXXXX2XE | XXE | XXE |
| XXXXXXXXX1XXXXXXXXX2XXXXE | XXXXXXXXX1XXXXXXXXX2XE | XXXXXXXXX1XXXXXXXXX2XE | XXE | XXE |
| XXXXXXXXX1XXXXXXXXX2XXXXE | XXXXXXXXX1XXXXXXXXX2XE | XXXXXXXXX1XXXXXXXXX2XE | XXE | XXE |
| XXXXXXXXX1XXXXXXXXX2XXXXE | XXXXXXXXX1XXXXXXXXX2XE | XXXXXXXXX1XXXXXXXXX2XE | XXE | XXE |
| XXXXXXXXX1XXXXXXXXX2XXXXE | XXXXXXXXX1XXXXXXXXX2XE | XXXXXXXXX1XXXXXXXXX2XE | XXE | XXE |
| XXXXXXXXX1XXXXXXXXX2XXXXE | XXXXXXXXX1XXXXXXXXX2XE | XXXXXXXXX1XXXXXXXXX2XE | XXE | XXE |

PRESENCE OF DECEASED DURING THE FLIGHT: N NNE

PRESENCE OF DISINSECTING OR SANITARY TREATMENT: N

(B)

|  |           |     |
|--|-----------|-----|
| XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6XXXXXXXXXE | XXXXXXXXE | NNE |
| XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6XXXXXXXXXE |           |     |
| XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6XXXXXXXXXE | XXXXXXXXE | NNE |
| XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6XXXXXXXXXE |           |     |
| XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6XXXXXXXXXE | XXXXXXXXE | NNE |
| XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6XXXXXXXXXE |           |     |
| XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6XXXXXXXXXE | XXXXXXXXE | NNE |
| XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6XXXXXXXXXE |           |     |
| XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6XXXXXXXXXE | XXXXXXXXE | NNE |
| XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6XXXXXXXXXE |           |     |