

GENERAL DECLARATION (INWARD)

OWNER OR OPERATOR: XXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXE
MARKS OF NATIONALITY AND REGISTRATION: XXXXXXXXE
DEPARTURE FROM: XXXXXXXX1XXXXXXXXX2XXXXE
ARRIVAL AT: XXXXXXXX1XXXXXXXXX2XXXXE

DATE: XXXXXXXX1XXXXE
FLIGHT NO: XXXXE/XXXXE

CODE SHARE FLIGHT NO

XXXXE/XXXXE XXXXE/XXXXE XXXXE/XXXXE XXXXE/XXXXE XXXXE/XXXXE
XXXXE/XXXXE XXXXE/XXXXE XXXXE/XXXXE XXXXE/XXXXE XXXXE/XXXXE

Table with 2 columns: PLACE and NUMBER OF PASSENGERS ON THIS STAGE. Rows include departure and arrival details for various stages.

FOR OFFICIAL USE ONLY

入港届変更通知書

XXXXXXX1E
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:

XXXXXXXX1XXXXXXXXX2XXXXE XXXXXXXX1XXXXXXXXX2XE XXXXXXXX1XXXXXXXXX2XE

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: XXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6XXXXXXXXXE
(AUTHORIZED AGENT OR PILOT-IN-COMMAND)

REMARK : XXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6XXXXXXXXXE

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
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XXXXXXXXX1XXXXXXXXX2XXXXE	XXXXXXXXX1XXXXXXXXX2XE	XXXXXXXXX1XXXXXXXXX2XE	XXE XXE

PRESENCE OF DECEASED DURING THE FLIGHT: N NNE

PRESENCE OF DISINSECTING OR SANITARY TREATMENT: N

(B)

XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6XXXXXXXXXE	XXXXXXXXXE	NNE
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