

## Health Declaration - Singapore

### Flight Details

|                |              |                    |                               |
|----------------|--------------|--------------------|-------------------------------|
| Flight Number: | Flight Date: | Departure Airport: | Arrival Airport:<br>Singapore |
|----------------|--------------|--------------------|-------------------------------|

### Passenger Details (the same as indicated in Passport)

|         |                    |
|---------|--------------------|
| Surname | First/ Given Names |
|---------|--------------------|

The Singapore Government has introduced comprehensive entry requirements and required each passenger to provide details of health declaration before boarding on flight to Singapore. Please complete this declaration form accordingly. One form is required per passenger. Forms for minors under the age of 18 years can be completed and signed by a parent or legal guardian.

Please answer below questions:

1A) Have you been diagnosed or suspected to have COVID-19 infection in the **last 90 days**?

Yes     No    If **Yes**, please answer question **1B**); If **no**, please fill in table **2A**)

1B) Do you have the proof of recovery, or a negative result of a COVID-19 test taken **72 hours** or more after diagnosed with COVID-19?

Yes     No    If **Yes**, please fill in table **2A**) or **2B**) if applicable.  
If **No**, a pre-departure test of COVID-19 within 2 days before the scheduled day of departure is required. Please fill in table **2A**).

2) Please fill in the table below as applicable:

|   |
|---|
| <p><b>A) Availability of COVID-19 Test Report</b>    <input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b>    <input type="checkbox"/> <b>N/A</b></p> <p>Type of COVID-19 Test:</p> <p><input type="checkbox"/> Polymerase Chain Reaction (PCR) test    <input type="checkbox"/> Antigen Rapid Test (ART)</p> <p>Date of the test was taken: _____</p> <p>Result:   <input type="checkbox"/> Negative    <input type="checkbox"/> Positive</p>  |
| <p><b>B) Availability of Proof of Recovery</b>    <input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b>    <input type="checkbox"/> <b>N/A</b></p> <p>Type of Proof of Recovery:</p> <p><input type="checkbox"/> Polymerase Chain Reaction (PCR) test    <input type="checkbox"/> Antigen Rapid Test (ART)    <input type="checkbox"/> Discharge Memo</p> <p><input type="checkbox"/> Positive COVID-19 supervised self-administered ART result</p> <p>Date of the test was taken / Date of discharge memo: _____</p> |

Declaration

Travelers may be subject to severe penalties for failing to provide, or knowingly or recklessly providing false or misleading information in relation to these requirements. Hong Kong Express Airways Limited also reserves its right to refuse future carriage under the General Conditions of Carriage.

I hereby declare that I have completed this declaration form truthfully and to the best of my knowledge.

|                |
|----------------|
| Passenger Name |
|----------------|

|                 |
|-----------------|
| Passport number |
|-----------------|

|           |
|-----------|
| Signature |
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Privacy Notice:

We will use the Personal Data provided under this declaration to verify whether you meet the requirements imposed by the Singapore Government for entry into Singapore. The provision of Personal Data is required for the above purpose, and if you fail to supply the necessary information, we will not be able to accept you for travel. The Personal Data you provide may be disclosed to the Singapore Government or relevant parties for the purpose mentioned above if required. For more information on how we handle your Personal Data and how to exercise your data privacy rights, please consult our Privacy Policy available at

<https://www.hkexpress.com/en-hk/need-help/privacy-policy/>.

I have read and accept the Privacy Notice

|           |
|-----------|
| Signature |
|-----------|

I consent to Hong Kong Express Airways Limited retaining a copy of the documents provided under this form which, indicate my health conditions, for the purposes of ensuring that I meet the requirements imposed by the Singapore Government for entry into Singapore. I acknowledge that I may withdraw my consent by submitting a request to [dpo@hkexpress.com](mailto:dpo@hkexpress.com)

|           |
|-----------|
| Signature |
|-----------|