Form for Travelers returning to Bhutan

*The Royal Government of Bhutan requires any travelers returning from abroad to fill this form. An individual should fill the form as accurate as possible to best of their knowledge. This information will be used for COVID-19 risk stratification, take precautionary measures during the journey and on arrival at point of entry.*

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport no/CID no/SRP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Office, College or School (India): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of planned arrival in Bhutan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Origin of travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mode of travel into Bhutan. Please tick one/relevant mode of the following:

Flight

Vehicle

Others, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Flight No/ Vehicle no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/ Contact no. of a driver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Point of entry or arrival to Bhutan. Please tick one of the following:

Paro Airport

Phuntsholing

Samdrup Jongkhar

Samtse

Gelephu

Have you suffered any following signs/symptoms in last 14 days?

Cough

Fever

Shortness of breath

Loss of smell/taste

Headache

Vomiting

Diarrhea

Have you had any contact with someone suffering from above mentioned signs /symptoms in last 14 days?

Yes

No

Name and contact details of dependent in Bhutan (of parents, siblings, children, friends or spouse):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential address in Bhutan (Chiwog, Gewog, Dzongkhag/Thromdey):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you coming in group?

Yes

No

If yes, list down the name of spouse, friends and family members who have been in close contact for last 14 days:

|  |  |
| --- | --- |
| *Name* | *Contact details* |
|  |  |
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