Inbound Health Assessment Centre

Ministry of Health, Nutrition & Indigenous Medicine, Sri Lanka
***Address**: 80A, 10th floor, IBSL Building, Elvitigala Mawatha, Colombo 08, Sri Lanka*
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PLEASE FILL THIS FORM IN ENGLISH BLOCK CAPITAL LETTERS

Please ensure that the information on this form is accurate to the best of your knowledge.

*Appointment Number: _____ *Passport Number: _____

*Name: _____

Age ☐ Female ☐ Male ☐

*Main Principal Applicants Address in Sri Lanka:

_____

_____

Telephone number(s) of the main applicant:

_____

Telephone number(s) of a friend or family member in case of an emergency:

_____

Email address:

_____

Occupation (If applicable): _____

Industry (If applicable): _____

Signature: _____ Date: _____

Sponsor Details

*Sponsor Name: _____

Address in Sri Lanka:

_____

_____

*Sponsor Contact Number: _____

Email Address: _____

***These details will fall on your Health Protection Plan Insurance Card**