



# Digital Passenger Declaration (DPD) question set

| Primary question  | Cascading question   | IPC |
|---|--|-----|
| Trip Details  | Sussauring question  | 0   |
| Find your flight  | OAG look-up  |     |
| If not found manually enter details                             | Departure country  |     |
|   | Scheduled departure date   |     |
|   | Scheduled departure time   |     |
|   | Departure port   |     |
|   | Carrier name   |     |
|   | Flight Number  |     |
|   | Arrival port in Australia  |     |
|   | Scheduled arrival date   |     |
|   | Scheduled arrival time   |     |
| Consent for collecting information                              |  |     |
| Scan your passport/Upload your passport                         |  |     |
| Passport scan fails or choose manual pathway                    | Input details manually   |     |
|   | Passport number  |     |
|   | Family name/surname  |     |
|   | Given names  |     |
|   | Date of birth  |     |
|   | Sex  |     |
|   | Nationality as shown   |     |
|   | Date of issue  |     |
|   | Date of expiration   |     |
|   | Country of issue   |     |
| Travel history  |  |     |
| Have you been, or will you be, in any other countries in the 14 | If yes add country   |     |
| days prior to your flight to Australia?                         | Denest   |     |
| Planned movements   | Repeat   |     |
|   | If you are transiting through                                      |     |
| Are you transiting through Australia to another country         | If you are transiting through Australia to another country, select |     |
|   | the length of time you will be in                                  |     |
|   | transit  |     |
|   | Under 8 hours  |     |
|   | 8 to 72 hours  |     |
|   | Expected departure port from                                       |     |
|   | Australia  |     |
|   | Final destination  |     |
|   | If 8 to 72 hours: expected date of                                 | +   |
|   | departure from Australia (date                                     |     |
|   | selector)  |     |
| Within 14 days after arriving in Australia, or within 14 days   | If yes, please select one or more                                  | 1   |
| after leaving quarantine, do you intend to travel to another    | states and/or territories. (tick box                               |     |
| state and/or territory?   | selection of state list)   | 1   |

| Do you intend to live in Australia for the next 12 months?   |   | Yes        |
|--|---|------------|
| Are you (select one)   | If visitor selected:  | Yes        |
| - Visitor or temporary entrant   | <ul> <li>Your intended length of</li> </ul>                 |            |
| - Migrating permanently to Australia   | stay in Australia (enter                                    |            |
| <ul> <li>Resident returning to Australia</li> </ul>  | number and select days,                                     |            |
|  | months, years)  |            |
|  | If migrating selected:                                      | Yes        |
|  | - Nil additional  |            |
|  | If returning resident selected:                             | Yes        |
|  | - Country where you spent                                   |            |
|  | most time abroad - Your main reason for travel              |            |
|  | (select one):   |            |
|  | - Convention/conference                                     |            |
|  | - Business  |            |
|  | <ul> <li>Visiting friends or relatives</li> </ul>           |            |
|  | - Employment  |            |
|  | - Education   |            |
|  | - Exhibition  |            |
|  | - Holiday   |            |
|  | - Other   |            |
| Contact details  |   |            |
| Contact details  |   |            |
|  |   |            |
|  |   |            |
| Address in Australia   |   | Yes        |
| Phone Number   |   | Yes        |
| Email address  |   | Yes        |
| Preferred contact method   | Phone and email   |            |
| Emergency contact details  |   | Yes        |
| Address (optional) Given and Family Name   |   | Yes<br>Yes |
| Phone number   |   | Yes        |
| Email address (optional)   |   | 163        |
| Quarantine Details   |   |            |
| Warning: Penalties apply for breaches of state and territory   | Select one:   |            |
| health orders.   | <ul> <li>Government managed</li> </ul>                      |            |
| Which quarantine arrangement applies to you on arrival in  | quarantine (State/Territory                                 |            |
| Australia? Please review the requirements of the state or  | hotel quarantine)   |            |
| territory of your arrival prior to answering this question.  | - Other quarantine  |            |
| Detailed information is available at States.   | arrangements including                                      |            |
| Note: You must comply with public health requirements,   | home quarantine   |            |
| including post-arrival testing and quarantine requirements in the state or territory of your arrival, and any other state or | - Quarantine free arrival                                   |            |
| territory that you plan to travel to. Some states and territories  | (fully vaccinated only; not available in all states)        |            |
| require approval prior to travel.  | avaliable III all states)                                   |            |
| I have checked the quarantine requirements of the jurisdiction   |   |            |
| of first arrival and any other domestic jurisdictions I intend to  |   |            |
| travel to. I have made quarantine arrangements prior to my   |   |            |
| travel where required. Select one  |   |            |
|  | If State/Territory quarantine selected:                     |            |
|  | Do you wish to quarantine with any                          |            |
| 1  | , , ,   | 1          |
|  | other passengers? If yes:                                   |            |
|  | other passengers? If yes: - How many people will be in your |            |

|  | Will you require medical or other assistance while you are in     |  |
|--|---|--|
|  | quarantine? If yes:   |  |
|  | - Do you need to see a  |  |
|  | doctor when you arrive?   |  |
|  | If yes: Provide details of your                                   |  |
|  | illness   |  |
|  | Do you have any pro existing                                      |  |
|  | Do you have any pre-existing medical conditions?                  |  |
|  | medical conditions?   |  |
|  | Will you require additional                                       |  |
|  | prescription medication to cover                                  |  |
|  | your 14 days in quarantine?                                       |  |
|  | If yes: provide details of your                                   |  |
|  | medications   |  |
|  |   |  |
|  | Do you need mobility aids or                                      |  |
|  | assistance?   |  |
|  | Are you suffering from mental                                     |  |
|  | health conditions?  |  |
|  | Treature Containers   |  |
|  | Are you pregnant?   |  |
|  |   |  |
|  | Are you caring for a baby?  |  |
|  | Do you suffer from any allergies?                                 |  |
|  | Do you suffer from any allergies?  If yes: specify your allergies |  |
|  | ii yes. specify your allergies                                    |  |
|  | Do you require any other  |  |
|  | assistance?   |  |
|  | If yes: provide details of the support                            |  |
|  | you require   |  |
| Health information   | T   |  |
| Before you travel to (or transit through) Australia, you must  |   |  |
| present proof of a negative COVID-19 Polymerase Chain<br>Reaction (PCR) or Nucleic Acid Amplification Test (NAAT)  |   |  |
| taken within 3 days of your flight's scheduled departure to  |   |  |
| Australia or, a medical certificate as evidence of a negative  |   |  |
| Rapid Antigen Test (RAT) taken under medical supervision   |   |  |
| within 24 hours before your flight's scheduled departure to  |   |  |
| Australia. To find out if you are exempt or for more   |   |  |
| information, go to: https://www.health.gov.au/health-  |   |  |
| alerts/covid-19/international-travel/inbound#predeparture-   |   |  |
| testing.   |   |  |
| In the 3 days before the day of your flight to Australia was   |   |  |
| scheduled to commence, have you been exposed, without  |   |  |
| adequate personal protective precautions, to a person who  |   |  |
| tested positive for COVID-19?  | https://www.hoolth.gov.gu/hoolth                                  |  |
| In the 3 days before the day of your flight to Australia was scheduled to commence, have you been exposed, without | https://www.health.gov.au/health-alerts/covid-19/international-   |  |
| adequate personal protective precautions, to a person who  | travel/inbound  |  |
| tested positive for COVID-19?  |   |  |
| Have you tested positive to COVID-19 in the 7 days before  |   |  |
| your planned departure for Australia or are you currently  |   |  |
| experiencing any symptoms of COVID-19, such as fever,  |   |  |
| sore throat or a cough?  |   |  |

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|--|---|
| Are you an Australian citizen, permanent resident or immediate family member?  |   |
| Has a doctor ever told you that you had COVID-19, or have you ever tested positive for COVID-19?   | Provide the month and year of diagnosis   |
|  | What country were you in when you had COVID-19?   |
| Giving false or misleading information to the Australian Government is a serious offence. Penalties apply to breaches of state and territory public health orders.   |   |
| I am exempt from Australia's COVID-19 testing requirements.  |   |
| I was tested for COVID-19 in the last 3 days (or 96 hours depending on your country of departure) prior to my departure to Australia in accordance with Australian Government requirements and received a negative test result.    |   |
| I declare I am fully vaccinated with an Australian approved or recognised COVID-19 vaccine. I have evidence to support this. My last dose of the vaccine was at least 7 days before the day of my flight is scheduled to commence. | If yes – got to vaccine screen  |
| If No:   |   |
| I am under 18 years of age and not fully vaccinated.   | If no:  |
| I am over 18 years of age and declare I cannot be vaccinated for medical reasons. I have medical proof to support this. See proof of medical exemption when coming to Australia.*  | If yes prompt to upload evidence  |
| If no:   |   |
| I do not meet Australia's vaccination requirements.  |   |
| Vaccination certificates  COVID 10 Test Popults  | Scan ICVC or manually enter  - Name of holder  - Passport number  - Date of birth  - Sex  - Date of vaccination  - Dose number  - Country of vaccination  - Centre administered  - Batch number  - Vaccine brand  - Disease or agent targeted |
| COVID-19 Test Results  |   |
| Type of COVID-19 test  | PCR or RAT options  |
| Outcome of COVID-19 test   | Positive, negative or inconclusive  |
| Date COVID-19 test was conducted   | Date selector   |
| Country where COVID-19 test was conducted  |   |
| Place where COVID-19 test was conducted  |   |
| Batch number   |   |