



Declaration Form

Under the Egyptian Quarantine law and the International Health Regulations (IHR), this Public Health Declaration Form is a mandatory document and aims to protect your health. Your information will help public health officers contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately.

I, the undersigned, hereby confirm that all the information I provide below is correct and that I have neither been recently diagnosed with COVID-2019, nor did I, knowingly, have had close contact with any person suspected or tested positive for COVID-2019, nor have I not suffered from any symptoms during the past days.

Full Name: -----

Nationality: -----

Date of Birth: -----

Day Month Year

Passport Number: -----

Profession: -----

Airline Name: -----

Flight Number: -----

Arriving from: -----

Address in Egypt: -----

Telephone/Mobile Number: -----

E-mail Address: -----

Do you have symptoms such as high fever, cough, sore throat and shortness of breath?

Yes No

In the last days, have you had contact with someone who tested with COVID-2019?

Yes No

Which country / countries have you visited (full route) during the past days?

Should I experience any symptoms of COVID-2019 during my stay in Egypt, I will immediately report the incident to the hotel management and doctor and seek the necessary medical assistance, or call .

Should I change the above mentioned address or phone number during my stay in Egypt I will call to give the new information.

In case I violate the above, the Egyptian Government shall not be subject to any liability, whatsoever, if I show evidence of positive testing for COVID-2019 during the days after departure.

Failure to submit this declaration will result in an illegal entry to the country.

I hereby confirm that I have read and understood all of the above.

Signature: **Date:**