Declaration Form

Under the International Health Regulations (IHR 2005) and the Egyptian Quarantine law, 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-19, nor did I, knowingly, have had close contact with any person suspected or tested positive for COVID-19, nor have I not suffered from any symptoms during the past 14 days.

I certify that I am currently covered by an overseas medical insurance plan valid until the date of my departure from Egypt.

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:

Insurance Details:

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

Yes ☐ No ☐

In the last 14 days, have you had contact with someone who tested with COVID-19?

Yes ☐ No ☐

Which country / countries have you visited (full route) during the past 14 days?

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Should I experience any symptoms of COVID-19 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 105.

Should I change the above mentioned address or phone number during my stay in Egypt I will call 105 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-19 during the 14 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**: ……..