



## Declaration Form

Under the Egyptian Quarantine law and the International Health Regulations (IHR 2005), 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:** .....