



## Arrival to Egypt 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 to 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 suffered from any symptoms during the past 14 days.

<b>Full Name:</b>	IVANOV IVAN (как в паспорте)
<b>Nationality:</b>	BELARUS
<b>Date of Birth:</b>	Day: <input type="text" value="11"/> Month: <input type="text" value="11"/> Year: <input type="text" value="1988"/>
<b>Passport No.:</b>	MP 1234567
<b>Profession:</b>	MANAGER (профессия)
<b>Airline Name:</b>	BELAVIA
<b>Flight Number:</b>	B2 8886 (номер рейса)
<b>Arriving from:</b>	MINSK, BELARUS (город и страна вылета)
<b>Address in Egypt:</b>	SULTAN GARDENS RESORT, Sharm-el-Sheikh
<b>Telephone/Mobile Number</b>	+375 29 00 00 00
<b>E-mail Address:</b>	mail@mail.ru
Do you have symptoms such as high fever, cough, sore throat and shortness of breath? - Есть ли у Вас симптомы такие как: высокая температура, кашель, боль в горле и затруднение дыхания?	
<b>Yes:</b> <input type="checkbox"/>	<b>No:</b> <input type="checkbox"/>



In the past 14 days, have you had contact with someone who tested with COVID-19? - Контактировали ли Вы за последние 14 дней с кем-то с подозрением на CoVid-19?

Yes:

No:

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

- Какие страны Вы посещали за последние 14 дней?

**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 aforementioned 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:** ..... <sup>Подпись</sup> .....

**Date:** ..... <sup>указать дату вылета</sup> .....