



## 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>	
<b>Nationality:</b>	
<b>Date of Birth:</b>	<b>Day:</b> <input type="text"/> <b>Month:</b> <input type="text"/> <b>Year:</b> <input type="text"/>
<b>Passport No.:</b>	
<b>Profession:</b>	
<b>Airline Name:</b>	
<b>Flight Number:</b>	
<b>Arriving from:</b>	
<b>Address in Egypt:</b>	
<b>Telephone/Mobile Number</b>	
<b>E-mail Address:</b>	
Do you have symptoms such as high fever, cough, sore throat and shortness of breath?	
<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?

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 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:** ..... **Date:** .....