



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:

Imiona i Nazwiska

Nationality:

Narodowość

Date of Birth:

Data urodzenia

Dzień

Miesiąc

Rok

Day

Month

Year

Passport Number:

Seria i numer paszportu

Profession:

Zawód

Airline Name:

Nazwa linii lotniczej

Flight Number:

Numer lotu

Arriving from:

Kraj przylotu

Address in Egypt:

Adres/nazwa hotelu w Egipcie

Telephone/Mobile Number:

Numer telefonu

E-mail Address:

E-mail

Insurance Details:

Numer i nazwa ubezpieczenia

Do you have symptoms such as high fever, cough, sore throat and shortness of breath? Czy masz objawy takie jak: gorączka, kaszel, ból gardła lub trudności z oddychaniem?

Yes

TAK

No

NIE

In the last 14 days, have you had contact with someone who tested with COVID-19? Czy w ciągu ostatnich 14 dni miałeś kontakt z osobą, która była badana na COVID-19?

Yes

TAK

No

NIE

Which country / countries have you visited (full route) during the past 14 days? Który kraj/kraje odwiedziłeś (pełna trasa) w ciągu ostatnich 14 dni?

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:

Podpis

Date:

Data