



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.

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



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:**