





## **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:  | IVANOV IVAN (как в паспорте)           |  |  |  |  |
|---|--|--|--|--|--|
| Nationality:  | BELARUS                                |  |  |  |  |
| Date of Birth:  | Day: 01 Month: 06 Year: 1986           |  |  |  |  |
| Passport No.:   | MP 1234567                             |  |  |  |  |
| Profession:   | MANAGER (профессия)                    |  |  |  |  |
| Airline Name:   | BELAVIA                                |  |  |  |  |
| Flight Number:  | В2 8213 (номер рейса)                  |  |  |  |  |
| Arriving from:  | BELARUS, MINSK (город и страна вылета) |  |  |  |  |
| Address in Egypt:   | BARCELO TIRAN SHARM, Sharm-el-Sheikh   |  |  |  |  |
| Telephone/Mobile  | +375 29 000 00 00                      |  |  |  |  |
| Number  |  |  |  |  |  |
| E-mail Address:   | mail@gmail.com                         |  |  |  |  |
| Do you have symptoms such as high fever, cough, sore throat and shortness of                              |  |  |  |  |  |
| breath? Есть ли у Вас сиптомы такие как: высокая температура, кашель, боль в горле и затруднение дыхания? |  |  |  |  |  |
| Yes: No:  |  |  |  |  |  |







| In the past 14 d      | ays, have you         | had contact wit                               | n someone v       | who te   | ested with COVID-     |  |
|-----------------------|-----------------------|---|-------------------|----------|-----------------------|--|
| 19? Контактировали    | і ли Вы за последние  | 14 дней с кем-то с подозр                     | рением на CoVid-1 | 9?       |                       |  |
| Yes:                  |                       |   | No:               |          |                       |  |
| Which country/        | countries have        | e you visited (ful                            | l route) dur      | ing the  | e past 14 days?       |  |
| Какие страны Вы посещ | али за последние 14 д | цней?<br>———————————————————————————————————— |                   |          |                       |  |
| Should I experi       | ence any syn          | nptoms of COV                                 | ID-19 durin       | g my     | stay in Egypt, I wi   |  |
| immediately rep       | ort the incide        | ent to the hotel                              | manageme          | nt and   | I doctor and seek th  |  |
| necessary medic       | al assistance,        | or call 105.                                  |                   |          |                       |  |
| Should I change       | the aforement         | tioned address o                              | r phone nur       | nber d   | uring my stay in Egyp |  |
| I will call 105 to g  | give the new i        | nformation.                                   |                   |          |                       |  |
| In case I violate     | the above, t          | the Egyptian Go                               | vernment s        | shall n  | ot be subject to an   |  |
| liability, whatsoe    | ever, if I show       | evidence of pos                               | itive testing     | for CC   | OVID-19 during the 1  |  |
| days after depar      | ture.                 |   |                   |          |                       |  |
| Failure to submi      | t this declarat       | ion will result in                            | an illegal e      | entry to | o the country.        |  |
| I hereby confirm      | that I have red       | ad and understo                               | od all of the     | above    | 2.                    |  |
| Signature:            | Подпись               |   | Date:             | 22.0     | 07.2020 (дата вылета) |  |
|                       |                       |   |                   |          |                       |  |
|                       |                       |   |                   |          |                       |  |

## ОБЩАЯ ИНФОРМАЦИЯ

Для туристов, вылетающих в ЕГИПЕТ обязательно заполнение "Декларации путешественника" до прибытия в аэропорт для каждого туриста в заявке. Для детей декларацию заполняют родители. Бланк для заполнения должен быть распечатан строго на 1 листе, 2-х сторонняя печать. Данный бланк прикреплен в Комплект документов для печати по заявке на вылет.