



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="checkbox"/> | No: <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?

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: