



## 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:	KIM IVAN	(полное имя)
Nationality:	KAZAKHSTAN	(гражданство)
Date of Birth:	Day: <input type="text" value="23"/> Month: <input type="text" value="07"/> Year: <input type="text" value="1983"/>	
Passport No.:	12345678	(номер паспорта)
Profession:	ACCOUNTANT	(чем занимается в РК)
Airline Name:	SUNDAY AIRLINES (SCAT)	
Flight Number:	VSV 489	(номер рейса)
Arriving from:	ALMATY	(город вылета)
Address in Egypt:	BARON RESORT 5*	(отель в Египте)
Telephone/Mobile Number	+ 7 (XXX) XXX-XX-XX	
E-mail Address:	kim83@gmail.com	

Do you have symptoms such as high fever, cough, sore throat and shortness of breath?

Yes:

No:

Имеете ли вы симптомы, такие как высокая температура, кашель, больное горло или затрудненное дыхание ?







Контактировали ли вы с кем-либо, у кого диагностировали COVID-19, за последние 14 дней?



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:**  
(подпись)

.....  
*[Handwritten Signature]*

**Date:**  
(дата прилета)

05.11.2020

Какую страну/страны вы посещали в течении последних 14 дней?

