



## 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:	<input type="text" value="Imię i nazwisko"/>
Nationality:	<input type="text" value="Narodowość"/>
Date of Birth:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	Day Month Year
Date of Birth:	<input type="text" value="Data urodzenia"/>
Passport Number:	<input type="text" value="Numer paszportu"/>
Profession:	<input type="text" value="Zawód"/>
Airline Name:	<input type="text" value="Nazwa linii lotniczej"/>
Flight Number:	<input type="text" value="Numer lotu"/>
Arriving from:	<input type="text" value="Przylot z"/>
Address in Egypt:	<input type="text" value="Adres w Egipcie - nazwa hotelu oraz miasto"/>
Telephone/Mobile Number:	<input type="text" value="Numer telefonu komórkowego"/>



E-mail Address:

Adres e-mail

Insurance Details:

Numer polisy ubezpieczeniowej

Do you have symptoms such as high fever, cough, sore throat and shortness of breath? **Czy masz objawy takie jak gorączka, kaszel, ból gardła oraz duszności?**

Yes

No

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

Yes

No

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

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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 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** .....

