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: 
Nationality:
Date of Birth:  □ □ □ □ □ □ □ □
   Day   Month   Year
Passport Number:
Profession:
Airline Name:
Flight Number:
Arriving from:
Address in Egypt:
Telephone/Mobile Number:
E-mail Address: 
Insurance Details: 

Do you have symptoms such as high fever, cough, sore throat and shortness of breath?
Yes ☐ No ☐

In the last 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 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: ...............................  Date: .................................