



## Declaration for self quarantine

Name ..... Nationality.....Arriving from (country of origin) ..... Through  
..... Departed airport ..... airline ..... Flight No .....  
Date...../ ...../..... Telephone / Mobile No. .... Address in Egypt  
..... City ..... Governorate .....

I the undersigned hereby confirm that all the information I provide above is correct and I confirm to stay at self- quarantine in the mentioned address for 7 days and I will perform PCR test at the end of the 7<sup>th</sup> day.

If I experience any symptoms of COVID-19 during my stay in Egypt or change the above mentioned address or phone number, I will immediately call 105 to report the incident and give the new information.

I hereby confirm that I have read and understood all of the above.

Name: .....

Passport No: .....

Signature: .....