



**SECTION 2: HEALTH DECLARATION**

1.	<b>Have you been tested for COVID-19 in 72 hours prior to arrival?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	<b>COVID-19 diagnostic test information</b>	Country _____ Name of Laboratory _____ Laboratory's ISO Certification Number: _____ Type of test performed <input type="checkbox"/> RT-PCR test (using Oro-pharyngeal or noso-pharyngeal swabs) <input type="checkbox"/> Others test: Precise _____ Date of Laboratory results ____/____/____
3.	<b>Were you residing in any containment zone?</b>	<input type="checkbox"/> YES If Yes, Where? ..... <input type="checkbox"/> NO
4.	<b>Were you under quarantine?</b>	<input type="checkbox"/> YES If Yes, Where? ..... <input type="checkbox"/> NO
5.	<b>Have you tested COVID-19 positive?</b>	<input type="checkbox"/> YES If Yes, When? ..... <input type="checkbox"/> NO

**DISCLAIMERS**

1. If I develop any COVID-19 symptoms I shall contact the concerned health authorities. immediately. (Toll free: 114)  
 AGREE
2. I understand that if I undertake the air journey without meeting the eligibility criteria, I would be liable to penal action.  
 AGREE
3. I undertake to adhere to the health protocol prescribed by the Rwanda Ministry of Health.  
 AGREE

BY SUBMITTING, I ACKNOWLEDGE THAT I UNDERSTAND THE INFORMATION ABOVE, I HAVE TRUTHFULLY FILLED THE FORM MYSELF TO THE BEST OF MY KNOWLEDGE.