

Attestation

I, the undersigned, hereby attest that I have neither been recently diagnosed with COVID-19, nor did I have close contact with any person suspected or confirmed a COVID-19 case, and I did not suffer from any symptoms 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.

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.

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:

Passport Number:

Flight Number:

Arriving from:

Mobile Number:

E-mail Address:

Insurance Details:

Failure to submit this attestation prevents me from entering the country.

Signature..... Date: