

ARRIVAL HEALTH DECLARATION FORM



Due to the outbreak of Coronavirus Disease 2019 (COVID-19) around the world, the **Republic of Palau Ministry of Health and Human Services** is collecting additional information from each arriving passenger regarding their current health status. Your complete and accurate completion & information will help keep **Palau** and our visitors safe and healthy.

Please complete all sections of this form using blue or black ink. A separate form must be completed for every passenger including children. **Please print clearly, answering in English, using capital letters.** Mark check boxes with a "X" like this:

Family Name/Surname	<input type="text"/>		
Given Name/First Name	<input type="text"/>		
Passport Number	<input type="text"/>		
Country of Residence	<input type="text"/>		
Nationality	<input type="text"/>		
Date of Birth (MM/DD/YY)	<input type="text"/>	Flight/Ship Number	<input type="text"/>
Overseas Port where you boarded this Flight/Ship	<input type="text"/>	Seat Number	<input type="text"/>

Do you have any of the following symptoms, or have you, in the past 14 days? (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> FEVER/CHILLS | <input type="checkbox"/> SORE THROAT | <input type="checkbox"/> CONGESTION OR RUNNY NOSE |
| <input type="checkbox"/> COUGH | <input type="checkbox"/> MUSCLE OR BODY ACHES | <input type="checkbox"/> DIARRHEA |
| <input type="checkbox"/> DIFFICULTY BREATHING
OR SHORTNESS OF
BREATH | <input type="checkbox"/> NEW LOSS OF TASTE OR
SMELL | <input type="checkbox"/> NAUSEA OR VOMITING |

If you have any of these symptoms, and have a travel history of visiting areas with wide-spread transmission of COVID-19, please call the Emergency Room (ER) of the Belau National Hospital at **(tel): 488-2558**.

Please list ALL THE COUNTRIES AND CITIES you have visited in the last 14 Days

If visiting, date of departure from PALAU (MM/DD/YY):

Have you ever had COVID-19 or have you previously tested positive for COVID-19? **If yes, when?** Yes No

Have you come into contact with someone confirmed or suspected of having COVID-19 in the last 14 days? Yes Unsure No

Have you visited a healthcare facility in areas with wide-spread transmission of COVID-19 in the last 14 days? Yes No

Phone contact in PALAU:

Email Address:

Address/Hotel in PALAU:

DECLARATION: I declare that the details I have given are true and correct and complete in every respect.

Signature: Date: (MM/DD/YY)

PLEASE READ AND SIGN BACK SIDE OF THE FORM! ----->>>

PALAU ENTRY POLICY ACKNOWLEDGEMENT

Pursuant to Republic of Palau Rules and Regulations for Isolation & Quarantine of Contagious Diseases and current Ministry of Health and Human Services (MHHS) Directives regarding COVID-19 measures, all international travelers entering the Republic of Palau are subject to the entry requirements listed below. Please sign below to acknowledge that you have read and fully understand the requirements.

All travelers must provide valid proof of full COVID-19 vaccination, with final dose received at least 14 days prior to arrival in Palau. Vaccine record must clearly show date(s) and number of dose(s) received as well as vaccine brand that is either US FDA or WHO approved or authorized for COVID-19. Unvaccinated travelers under twelve (12) years of age may enter Palau and shall undergo the same requirements for vaccinated travelers.

All travelers are also required to provide valid negative COVID-19 PCR test results taken within three (3) days of departure to Palau or valid negative result of a COVID-19 antigen test (WHO or US FDA authorized or approved test) taken within one (1) day prior to departure to Palau or proof of COVID-19 recovery. Children under three (3) years old are exempt from entry testing requirement.

All travelers must provide valid address and contact information in Palau and undergo Restriction of Movement (ROM) for four (4) days from date of arrival (see Mitigation Orders). All travelers must wear a face mask during the ROM period and undergo mandatory COVID-19 testing on the fourth (4th) day after arrival.

NOTE: Flights and ships carrying unvaccinated travelers may be considered for entry on a case-by-case basis by the Ministry of Health and Human Services.

Signature:

Date: (MM/DD/YY)