



מסן התקנים הישראלי

Date: 16.03.2020

Ref: 4000-0701-2020-0056103

**Personal Health Declaration**

Name of the undersigned \_\_\_\_\_

Passport number \_\_\_\_\_

Telephone number in Israel \_\_\_\_\_

Ship's agent (in Israel) name and phone number \_\_\_\_\_

Place of isolation full address (Vessel's name) \_\_\_\_\_

Name of host (agency name and contact detail) \_\_\_\_\_

Host number phone \_\_\_\_\_

**I hereby declare that I do not suffer from any of the following: abnormal fever, cough, shortness of breath, sore throat and that I have not been in contact with a verified Corona patient.**

**Further on, I hereby declare, that if I will develop any of the Corona symptoms (fever above 38 degrees, or coughing, or breathing difficulties or other respiratory symptoms) before leaving my country, I will notify immediately the Israeli Ministry of Health (through the agent).**

**Signature:** \_\_\_\_\_

**Place & Date:** \_\_\_\_\_