



1. Traveler or crew member identification

Name(s): _____ Last name(s): _____

Sex: ☐ Female ☐ Male

Date of birth: ____/____/____

DD MM YY

Nationality _____ Passport No. _____

Permanent Residence Address _____

Street name and No. _____

City/Sector/Neighborhood _____

Province/State/Department _____

Country _____

Telephone number _____

2. Trip information:

Means of transportation: ☐ By air ☐ By sea ☐ By ground

Port of Entry: _____

Date of arrival: ____/____/____

Date of departure ____/____/____

DD MM YY

DD MM YY

Transportation Company _____

Travel No (Flight/Ship/Car) _____

Country where your trip initiated _____

Transit countries where you have been prior to your arrival to Dominican Republic _____

Visited countries in the last 30 days _____

3. Declaration of Symptoms:

In the last 72 hours, have you presented one or more of the following symptoms?

☐ Fever ☐ Respiratory distress ☐ Cough ☐ Headache ☐ Sore throat

☐ Fatigue ☐ Shivers ☐ Runny nose ☐ Muscle pain ☐ None

Other symptoms (Specify): _____

Date when the symptoms started: ____/____/____

DD

MM

YY

4. Traveler's Contact Information:

Address of where you will be staying in Dominican Republic in the next 30 days: _____

Important Note

I declare that the information declared in this form is true and accurate, and I accept that my false declaration is considered a violation of the national health regulations.

Traveler's signature

Date: ____/____/____
DD MM YY