



**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