

OFFICIAL GOVERNMENT TEMPLATE

COVID-19 Test Waiver Before Departure

Full Name:

Passport or ID Number:

Date of Birth:

Flight Number:

Date of Departure:

Country of Destination:

Reason for COVID-19 Test Waiver Request:

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that submitting false information may result in penalties under government regulations. I acknowledge the risks associated with traveling without a negative COVID-19 test result and assume full responsibility for my decision.

Signature:

Date:

For Official Use Only

Approved by:

Position:

Date:

