Dominican Republic
Ministry of Public Health
Traveler’s Health Affidavit
(MSP-DJSV-01)

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 №. ____________________________________________________________
City/Sector/Neighborhood _______________________________________________________ Province/State/Department ____________________________ Country ____________________________ Telephone number _____________________________________________________________

2. Trip information:
Means of transportaion: □ By air □ By sea □ By ground
Port of Entry: _________________________________________________________________
Date of arrival: ______/______/________ Date of departure _____/______/________
DD MM YY DD MM YY
Transportation Company _______________________________________________________
Travel № (Flight/Ship/Car) _______________________________________________________
Country where your trip initiated _________________________________________________
Transit countries where you have been prior to your arrival to Dominican Republic
__________________________________________________________________________

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 □ Ronny 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.

_______________________________ Date: _____/______/______________
Traveler’s signature DD MM YY