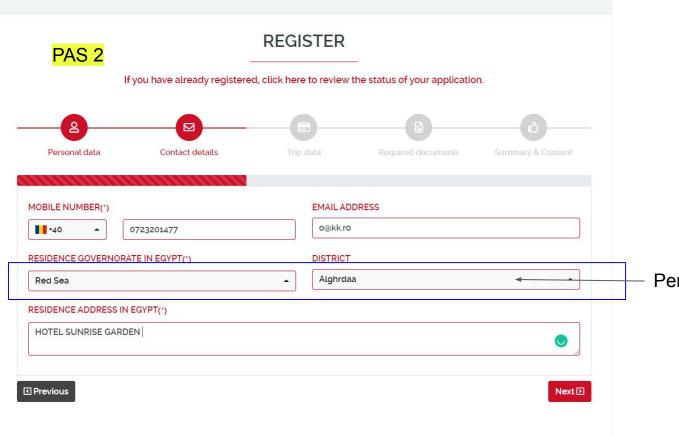
https://visitegypt.gov.eg/

Se vor completa obligatoriu toate căsuțele cu \*

Se va completa pentru fiecare persoană în parte inlcusiv pentru copii!

Arab Republic of Egypt

Ministry of Health and Population General Administration of Quarantine

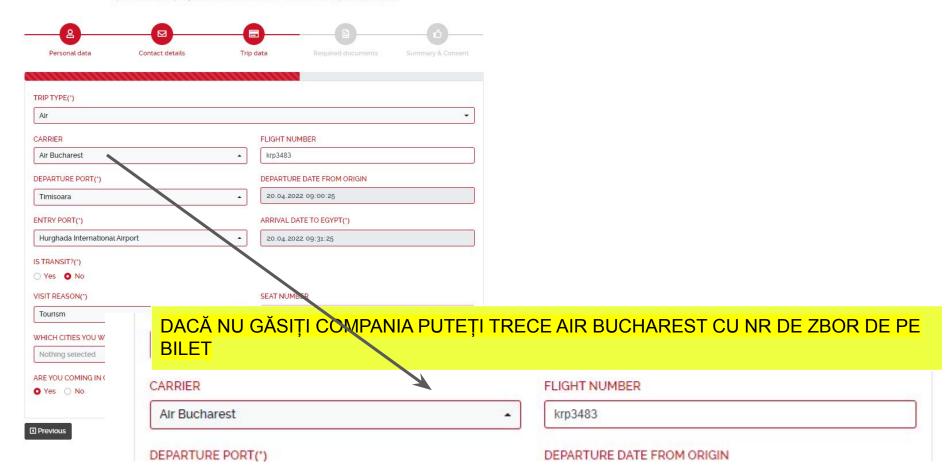


Pentru HURGHADA



## **REGISTER**

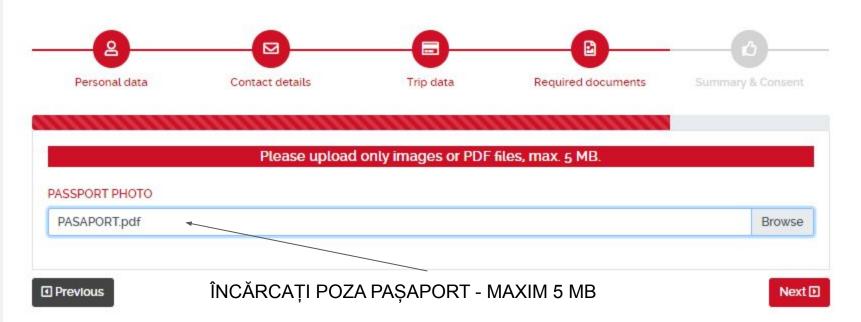
If you have already registered, click here to review the status of your application.



PAS 4

## REGISTER

If you have already registered, click here to review the status of your application.



PAS 5 DO YOU SUFFER FROM ANY SYMPTOMS SUCH AS HIGH TEMPERATURE - COUGH - SORE THROAT - SHORTNESS OF BREATH?(\*) O Yes O No HAVE YOU BEEN IN CONTACT WITH ANYONE WITH COVID-19 IN THE LAST 14 DAYS?(1) O Yes O No IF I FEEL ANY SYMPTOMS OF THE NEW CORONA DISEASE COVID-19, OR IF I CHANGE THE ADDRESS OR PHONE NUMBER MENTIONED ABOVE DURING MY STAY IN EGYPT, I WILL CALL 105. I DECLARE THAT I HAVE READ AND UNDERSTOOD THE QUESTIONS ABOVE AND THEY HAVE BEEN ANSWERED HONESTLY AND THAT ALL THE INFORMATION I HAVE PROVIDED ABOVE IS CORRECT AND THAT I HAVE NOT BEEN DIAGNOSED RECENTLY WITH A DISEASE (CONTAGIOUS - EPIDEMIC) AND I HAVE NOT HAD CONTACT WITH ANYONE SUSPECTED OR TESTED POSITIVE FOR THIS DISEASE, AND I DID NOT SUFFER FROM ANY SYMPTOMS DURING THE PAST 14 DAYS SAVE THE DATA TO FACILITATE THE REGISTRATION PROCESS FOR THE NEXT VISIT? I AGREE TO THE SITE'S PRIVACY POLICY. THE PRIVACY POLICY CAN BE VIEWED THROUGH THE FOLLOWING LINK. PRIVACY\_POLICY Previous Confirm

## **BIFAȚI CASUȚELE**