**SEYCHELLES PUBLIC HEALTH AUTHORITY**

**Submission of Covid-19 PCR test to Seychelles Public Health Authority**

*Please submit the completed form by email to* [*visitor@health.gov.sc*](mailto:visitor@health.gov.sc)*. You will receive an automated acknowledgement. If there are any queries with your submission, our team will contact you*.

*All visitors are reminded that entry into Seychelles is also conditional on having full health insurance cover, including Covid-19 related medical care.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Surname of traveller(s) | Date of Birth | Nationality | Passport number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Travel details

|  |  |
| --- | --- |
| Date of departure | Airport of origin |
| Departure flight number | Transit airport (if applicable) |
| Date of arrival in Seychelles | Arrival flight number |
| Date of departure from Seychelles |  |

Recent travel (List the countries/territories visited in the past 30 days)

|  |  |  |
| --- | --- | --- |
| Country/territory | From date | To date |
|  |  |  |
|  |  |  |
|  |  |  |

Accommodation details in Seychelles (Note that hotel vouchers must be presented at Immigration on entry)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of hotel/guesthouse/vessel | Contact telephone number of hotel | Date of check-in | Date of check-out |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Submission of COVID-19 test results

Results submitted for [ ] person(s) *Indicate number of results submitted*

NB. Test results/certificates should be submitted as pdf or jpeg file, together with this document, as email attachments. Please make sure that the document is clear and easy to read

|  |  |
| --- | --- |
| Name of person submitting this form |  |
| Telephone number | Email address |
| Postal address | |