



# ARRIVAL HEALTH DECLARATION FORM

Due to the COVID-19 pandemic, the **Republic of Palau Ministry of Health & Human Services (MHHS)** is collecting additional information from each arriving passenger regarding their current health status.

Please complete all sections of this form. A separate form must be completed for every passenger, including children. **Your responses must be in English.**

## TRAVELER INFORMATION

**Family Name / Surname / Last Name\***

**Given Name / First Name\***

**Passport Number\***

**Date of Birth (mm/dd/yyyy)\***

**Country of Residence\***

**Country of Nationality\***

**Email Address\***

**Phone Contact in PALAU\***

## PALAU ENTRY POLICY ACKNOWLEDGEMENT

Pursuant to Republic of Palau Rules & Regulations for Isolation & Quarantine of Contagious Diseases and the current Ministry of Health & Human Services (MHHS) Directives regarding COVID-19 measures, all international travelers entering the Republic of Palau are subject to the entry requirements listed below. Please sign below to acknowledge that you have read and fully understand the requirements.

All travelers must provide valid proof of full COVID-19 vaccination, with final dose received at least 14 days prior to departure to Palau. Vaccine record must clearly show date(s) and number of dose(s) received as well as vaccine brand that is either US FDA or WHO approved or authorized for COVID-19. Unvaccinated travelers under eighteen (18) years of age may enter Palau and shall undergo the same requirements for vaccinated travelers.

All travelers must provide valid address and contact information in Palau and undergo a self-monitoring period for five (5) days from date of arrival (see Mitigation Orders). Travelers will monitor their health, and if they develop symptoms during this time period, they should isolate immediately and get tested. All travelers are required to wear their face masks at all times during their self-monitoring period.

*NOTE: Flights and ships carrying unvaccinated travelers may be considered for entry on a case-by-case basis by the Palau Ministry of Health & Human Services.*

**Signature\***

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**Date Signed\***

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**Please fill out the back page & sign.**

## TRAVEL INFORMATION

**Arrival Date\***  
(mm/dd/yyyy)

**If you're Visiting, date of return**  
(mm/dd/yyyy)

**Vessel Type & Number**

Commercial \_\_\_\_\_

Private \_\_\_\_\_

Marine Vessel \_\_\_\_\_

**Seat Number** (if applicable)

**Overseas Port** (where you boarded this flight/ship)\*

List **ALL THE COUNTRIES & CITIES** you've visited in the last 14 Days\*

**Physical Address** (e.g., Koror, Airai...) / **Hotel in Palau\***

**In the last 14 days, have you experienced any of the following symptoms?**  
(Check all that apply)\*

Fever / Chills

Nausea or Vomiting

Sore Throat

Diarrhea

Congestion or Runny Nose

New Loss of Taste or Smell

Cough

Difficulty Breathing or Shortness of Breath

Muscle or Body Aches

I do not have any of these symptoms.

If you have any of these symptoms, and have a travel history of visiting areas with wide-spread transmission of COVID-19, please call the *Emergency Room (ER) of the Belau National Hospital* at (tel): 488-2558.

**Have you ever had COVID-19 or have you previously tested positive for COVID-19?\***

Yes

No

**Are you fully vaccinated against COVID-19?\***

Yes

No

If yes, please write down when (mm/yyyy):

**Have you come into contact with someone confirmed or suspected of having COVID in the last 14 days?\***

Yes

No

**Have you visited a healthcare facility in areas with widespread transmissions of COVID-19 in the last 14 days?\***

Yes

No

## DECLARATION

I declare that the details I have given are true and correct and complete in every respect.

**Signature\***

**Date Signed\***

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Thank you for doing your part to help keep Palau  
and our visitors safe & healthy!