

Traveller Health Declaration

All the travellers must submit online health declaration form within 24 hours prior your departure to Maldives.

CHINESE

ENGLISH

COVID-19 Travel Advice

1. Maldivian citizens and Work Visa Holders who had travelled to the United Kingdom, shall undergo mandatory home quarantine for a period of 10 days. During the quarantine period, PCR sample will be taken on day 5 and 10. This includes those who transited in the airport of the UK for more than 12 hours. After arrival, within 12 to 24 hours travellers are mandated to get registered on <https://haalubelun.hpa.gov.mv>
2. Effective from 20th December 2020, as a preventive measure for COVID19, all arrivals should have a negative PCR result with a sample taken 96 hours prior to their departure to the Maldives.
3. The following the individuals are required to undergo mandatory 10 days home quarantine and must register on <https://haalubelun.hpa.gov.mv> within 24 hours of arrival to the Maldives
 - a. Maldivian citizens and persons holding work visas with past 14 days travel history to and or from the United Kingdom. Applicable for those who transited in the UK for more than 12 hours. During the quarantine period, PCR sample will be taken after day 5 and day 10.
 - b. Individuals who are enrolled as students in schools, colleges or universities in the Maldives.
 - c. Individuals who are employed in the health sector, education sector, and state welfare institutions such as prisons and shelters.
 - d. Maldivian citizens and work visa holders, arriving to Maldives with further travel to islands other than Greater Malé area must complete 10 days home quarantine.
4. Tourists are required to follow guidelines in place by Ministry of Tourism <https://tourism.gov.mv>
5. Travellers arriving for short term work-based visit (less than 10 days) shall obtain special permission from the Health Protection Agency. Request for permission has to be made by the concerned/ liaised local agency on the traveller's behalf. – only if travelling to other islands.
6. Travellers who develop signs and symptoms will be tested for COVID-19 and should the result be positive, the traveller will be subject to isolation as per current protocols.

 Arrival **ПРИБЫТИЕ**
 Departure

Personal Information

Please fill all the fields

First Name*

First Name **ИМЯ ПО ПАСПОРТУ**

Last Name*

Last Name **ФАМИЛИЯ ПО ПАСПОРТУ**

Email Address*

Email Address **ЭЛЕКТРОННАЯ ПОЧТА**Port of Entry* **АЭРОПОРТ ПРИБЫТИЯ**

Velana International Airport / Male' Seaport

A Photo of Yourself*

Take a photo at your convenience, it can even be from your mobile phone. Be a close-up of your full head and upper shoulders, Contain no other objects or people, Preferably be taken against light background, Be in clear contrast to the background, Should not have 'red eye', Be facing forwards and looking straight at the camera, Have a plain expression and your mouth closed, Have your eyes open and visible, Should not have hair in front of your eyes, Should not have a head covering (unless it's for religious or medical reasons), Should not have anything covering your face, Should not have any shadows on your face or behind you. Do not wear sunglasses or tinted glasses. You can wear other classes if you need to. but your eyes must be visible without any glare or reflection. **ЗАГРУЗИТЕ СВОЮ ЛИЧНУЮ ФОТОГРАФИЮ (ЛИЦО И ПЛЕЧИ КРУПНЫМ ПЛАНОМ, НА СВЕТОМ ФОНЕ)**

 Не выбран ни один файл

Mobile Number (With Country Code)*

Mobile Number (With Country Code) **ЛИЧНЫЙ МОБИЛЬНЫЙ НОМЕР С КОДОМ СТРАНЫ**

Alternate Mobile Number (Spouse or a Family Member, With Country Code)*

Alternate Mobile Number (Spouse or a Family Member, With Country Code)

Passport Number*

Passport Number **НОМЕР ЗАГРАНПАСПОРТА**

Passport Expiry Date*

ДД.ММ.РРРГ **ПАСПОРТ ДЕЙСТВИТЕЛЕН ДО**

Nationality*

Nationality **НАЦИОНАЛЬНОСТЬ**

Place of Birth*

Place of Birth **СТРАНА РОЖДЕНИЯ ПО ПАСПОРТУ**

Sex*

Sex **ПОЛ (MALE-МУЖ. FEMALE-ЖЕН.)**

NID (Only Maldivians)

ID Card Number

Arrival Date*

ДД.ММ.РРРГ **ДАТА ПРИБЫТИЯ**

Date of Birth*

ДД.ММ.РРРГ **ДАТА РОЖДЕНИЯ**

Flight/Ship Number*

Flight/Ship Number **НОМЕР РЕЙСА**

Seat/Deck Number (Optional)

Seat/Deck Number (Optional)

Last port of Disembarkation*

Country **ИЗ КАКОЙ СТАРНЫ ВЫ ВЫЛЕТАЕТЕ**

Duration of Stay, if Arrival (Days)*

КОЛ-ВО ДНЕЙ ПРЕБЫВАНИЯ ПО ТУРУ

Duration of Stay, if Arrival (Days)

Country of Residence*

Country **СТРАНА ПРОЖИВАНИЯ**

Mode of Transport*

Mode of Transport **ВЫБРАТЬ "By Air"**

Place of Residence*

Place of Residence **ГОРОД И АДРЕС ПРОЖИВАНИЯ ПО ПАСПОРТУ**
 ~~Residing in Greater Male' Area (Male', Villimale', Hulhumale')~~

Which Island will you be staying in?*

If you are staying on a liveboard please select K.Male'

Which Island will you be staying in? **Из списка необходимо выбрать остров, на котором будете проживать**

Which Facility (Guesthouse) will you be staying in?

Specify only if you are not staying in a Resort.

Which Facility (Guesthouse) will you be staying in? **НАЗВАНИЕ ОТЕЛЯ (ЕСЛИ ЕСТЬ В СПИСКЕ)**

Purpose of Visit*

Purpose of Visit **ЦЕЛЬ ПОЕЗДКИ (ВЫБРАТЬ HOLIDAY)**

Note

The address you specify here will be the place you will be mandated to be quarantined at for 10 days upon arrival. If you have already requested for home quarantine using the <https://haalubelun.hpa.gov.mv/> portal, that address will take precedence. If you are visiting Maldives as a tourist or a diplomat please specify the address you will be staying in.

Address in Maldives*

Address in Maldives **АДРЕС ОТЕЛЯ (Если у Вас нет информации об адресе, продублируйте название отеля)**

Employer Name

Employer Name **МЕСТО РАБОТЫ**

Permit Number (If you have a valid Visa)

НОМЕР ВИЗЫ (ЕСЛИ ЕСТЬ)

Permit Number (If you have a valid Visa)

Permit Expiry Date

СРОК ДЕЙСТВИЯ ВИЗЫ (ЕСЛИ ЕСТЬ)

ДД.ММ.РРРГ

Note

Those who develop signs and symptoms will be tested for COVID19, and those who become positive for COVID19 will be subject to isolation as per the current protocols.

Health Information

Please fill all the fields

Note

I have been fully informed that, as a requirement for travelling to Maldives, I must present a valid Negative PCR COVID19 test result (not exceeding 96hrs prior to departure), to the carrier before departure, and to Maldives Immigration, on arrival. I ALSO UNDERSTAND THAT, POSSESSION OF A PCR NEGATIVE TEST DOES NOT PRECLUDE NATIONAL AUTHORITIES FROM UNDERTAKING ANY ADDITIONAL SCREENING OR SURVEILLANCE MEASURES DEEMED NECESSARY.

Where applicable, if I am consenting to submit information to the carrier and Maldives Immigration on behalf of a child, I acknowledge and agree that I have the legal capacity to do so as a parent and as a legal guardian of that child.

I also warrant that the COVID19 PCR test results that I am providing have not been altered, changed, modified or tampered with anyway and are accurate to the best of my knowledge. I hereby, INDEMNIFY the carrier / Maldives Immigration / Health Protection Agency FROM all liabilities regarding the PCR test results and agree to bear the costs for ANY FURTHER testing, ISOLATION and quarantine related to COVID19 where applicable and necessary.

Yellow Fever

 БЫЛИ ЛИ ВЫ В СТРАНЕ С ЖЕЛТОЙ ЛИХОРАДКОЙ ЗА ПОСЛЕДНИЕ 6 ДНЕЙ?
 Have you travelled or Transited in a Yellow fever endemic country within the last 6 days

 БЫЛА ЛИ У ВАС ВАКЦИНАЦИЯ ОТ ЖЕЛТОЙ ЛИХОРАДКИ ЗА 10 ДНЕЙ ДО ДАТЫ ПРИБЫТИЯ?
 Have you been vaccinated for yellow fever at least 10 days prior to your arrival date

Date of Yellow Fever Vaccination

ДД.ММ.РРРГ **ДАТА ВАКЦИНАЦИИ ОТ ЖЕЛТОЙ ЛИХОРАДКИ**

Covid-19

Have you had any of the following symptoms within the last 14 days

БЫЛИ ЛИ У ВАС КАКИЕ-НИБУДЬ СИМПТОМЫ ЗА ПОСЛЕДНИЕ 14 ДНЕЙ?

Had/Have Fever

 Had/Have Fever **ЛИХОРАДКА**

Fever onset Date

ДД.ММ.РРРГ **ДАТА НАЧАЛА СИМПТОМА**

Had/Have Cough

 Had/Have Cough **КАШЕЛЬ**

Cough onset Date

ДД.ММ.РРРГ **ДАТА НАЧАЛА СИМПТОМА**

Had/Have Sore Throat

 Had/Have Sore Throat **БОЛЬ В ГОРЛЕ**

Sore Throat onset Date

ДД.ММ.РРРГ **ДАТА НАЧАЛА СИМПТОМА**

Had/Have Breathing Difficulty

 Had/Have Breathing Difficulty **ЗАТРУДНЕННОЕ ДЫХАНИЕ**

Breathing Difficulty onset Date

ДД.ММ.РРРГ **ДАТА НАЧАЛА СИМПТОМА**
 Have you registered in Haalubelun Web portal **ВЫ ЗАРЕГИСТРИРОВАЛИСЬ НА ПОРТАЛЕ HAALUBELUN?**

Note

Travellers who arrive in the Maldives, except for tourists, shall register for home quarantine through the "haalubelun" Web portal <https://haalubelun.hpa.gov.mv>, prior to starting travel to Maldives. If you have not registered in the web portal, you shall complete and collect quarantine document from health office at the port you arrive.

 Is your return travel planned? **ПОСТАВИТЬ ГАЛОЧКУ И ВЫБРАТЬ ДАТУ ОКОНЧАНИЯ ПОЕЗДКИ.**

Do you have proof of a Negative PCR Test done 96 hours prior to your departure from your port of embarkation?

 ЕСТЬ ЛИ У ВАС ОТРИЦАТЕЛЬНЫЙ ТЕСТ НА COVID, СДЕЛАННЫЙ НЕ БОЛЕЕ ЧЕМ ЗА 96 ЧАСОВ ДО ВЫЛЕТА?
PCR Test Result **ЗАГРУЗИТЬ ТЕСТ НА COVID**
 Не выбран ни один файл

PCR Tested Date

ДД.ММ.РРРГ **ДАТА СДАЧИ ТЕСТА**

PCR Tested Result

Negative **РЕЗУЛЬТАТ ТЕСТА** **NEGATIVE-ОТРИЦАТЕЛЬНЫЙ POSITIVE-ПОЛОЖИТЕЛЬНЫЙ**

COVID-19 Vaccination

Have you been tested positive for COVID-19 within the last 3 months?

 БЫЛИ ЛИ У ВАС ПОЛОЖИТЕЛЬНЫЙ ТЕСТ НА COVID ЗА ПОСЛЕДНИЕ 3 МЕСЯЦА?

Have you been vaccinated for COVID-19?

 ВАКЦИНИРОВАЛИСЬ ЛИ ВЫ ОТ COVID?

Name of Vaccine

ЕСЛИ ВАКЦИНИРОВАЛИСЬ, УКАЖИТЕ ПОДРОБНОСТИName of Vaccine **НАЗВАНИЕ ВАКЦИНЫ**

Dose 1

 ПЕРВАЯ ДОЗА - ДА/НЕТ

Dose 1 Received Date

ДД.ММ.РРРГ **ДАТА ПЕРВОЙ ДОЗЫ**

Dose 2

 ВТОРАЯ ДОЗА - ДА/НЕТ

Dose 2 Received Date

ДД.ММ.РРРГ **ДАТА ВТОРОЙ ДОЗЫ**

Travel History

Countries that you travelled to or transited in the last 14 days.

КАКИЕ СТРАНЫ ВЫ ПОСЕЩАЛИ ЗА ПОСЛЕДНИЕ 14 ДНЕЙ

Are you travelling from or have you travelled to the United Kingdom within the last 14 days

 ПОСЕЩАЛИ ЛИ ВЫ ВЕЛИКОБРИТАНИЮ ЗА ПОСЛЕДНИЕ 14 ДНЕЙ?

Baggage Information

Please fill all the fields

No of Baggages

0 **КОЛ-ВО РУЧНОЙ КЛАДИ**

No of Checked Baggages

0 **КОЛ-ВО ЗАРЕГИСТРИРОВАННОГО БАГАЖА**
 Goods obtained Overseas with a total value exceeding MVR6,000/- *(Approximately USD 389,10), in addition to personal effects such as clothes, reasonable amount of jewelry, Wrist watches, pens camera, personal radio,laptop and toiletries. **ВЕЗЕТЕ ЛИ ВЫ С СОБОЙ ЛИЧНЫЕ ВЕЩИ НА СУММУ ПРЕВЫШАЮЩУЮ 390\$?**
 I have samples for business and/or goods in commercial quantity. **ВЕЗЕТЕ ЛИ ВЫ С СОБОЙ ТОВАРЫ ДЛЯ БИЗНЕСА**
 Are you carrying cash equivalent or exceeding USD 20,000. 00 If "YES" please fill up the CASH DECLARATION FORM. **ВЕЗЕТЕ ЛИ ВЫ С СОБОЙ БОЛЕЕ 20000\$?**

Under the Section 12(a) of Law Number 7/2012 (Public Health Protection Act), as a prevention and control measures of COVID19, it is the current policy of the government to impose a home quarantine for a period of 10 days on arrival for those arriving in Maldives except for tourists. All travellers fitting the criteria must oblige to this decision.

I, hereby agree and declare to get isolated / quarantine at my residing address until I am released accordingly with COVID19 Prevention and Control Measures laid by Health Protection Agency Maldives. And I agree to Register on <https://haalubelun.hpa.gov.mv/> web portal within 12 to 24 hours of arrival, in order for me to receive the legal document from HPA (Does not apply for tourists and workers going directly to resort/Safari)

Before you submit your application, review it carefully. Make sure it is complete and accurate. Entering incorrect information could lead to denial of entry in accordance with The Maldives Immigration Act 2007.

Cancel

Submit

ПОЛУЧИТЕ И СОХРАНИТЕ/РАСПЕЧАТАЙТЕ QR КОД