



# POHNPEI STATE COVID-19 TASK FORCE

## APPLICATION FOR CERTIFICATE OF QUALIFIED ENTRY

### PERSONAL INFORMATION

NAME ON CURRENT PASSPORT

Surname/Last Name:		How long have you been away from Pohnpei? • Yr.(s) _____ • Month(s) _____ Reason for Returning: _____ _____ Allergies: (If yes, specify) _____ _____ Need Wheelchair? Y <input type="checkbox"/> N <input type="checkbox"/> Special Diet: Y <input type="checkbox"/> N <input type="checkbox"/> Vegetarian Y <input type="checkbox"/> N <input type="checkbox"/>
First Name:		
Middle Name:		
Birth Date:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Permanent Address	Municipality (Residence)	
Phone number	Email Address	
Passport No.	Expiration Date:	

### TRAVELER CATEGORY (CHECK ONE)

- Pohnpei resident medical referral patient and/or attendant
- Pohnpei resident, student studying abroad
- Health expert, technician and worker assigned by Pohnpei State/FSM National Government to assist Pohnpei State COVID-19 preparedness and response
- FSM Citizen pelagic fishing vessel crew
- Immediate family accompanying HR: relationship \_\_\_\_\_
- Diplomats and/or Consulate Staff
- Others: specify \_\_\_\_\_

### REQUIRED DOCUMENTS FOR APPLICANT(S):

1. Copy of Passport Biopage
2. COVID-19 Test result no more than three (3) days prior to departure for Pohnpei.
3. Certificate for quarantine before departure to Pohnpei (If available)

### ADDITIONAL QUESTIONNAIRES

- Have you ever been informed by health officials that you have COVID-19? Yes  No
- Have you ever been admitted to a hospital, isolated and examined for COVID-19? Yes  No
- Has any health official contacted you at home and interviewed you for being exposed or a contact to a known COVID-19 case? Yes  No

### SIGNATURE DISCLAIMER

I, \_\_\_\_\_ certify that the information I provided above are true and complete to the best of my knowledge. Upon arrival in Pohnpei, I understand that I will be subject to screening, detection, 14 days mandatory quarantine and isolation procedures, as required by the protocols of the State of Pohnpei. I understand that false and/or misleading information will result in automatic denial of this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_