

Ministry of Health Grenada

Travel Health Declaration Form

Date of arrival

Passport number

Name

Date of birth

Age

Email

Telephone

Address in Grenada

In the last 0 - 14 days have you had symptoms suggestive of COVID-19?

In the last 0 - 14 days have you had contact with (within 6 feet for more than 10 minutes) or cared for someone with symptoms suggestive of COVID-19, or a suspected or confirmed case of COVID-19?

I have a negative Polymerase Chain Reaction (PCR) test or Nucleic Acid Amplification test (NAAT) taken within 72 hours of arrival in Grenada (date of sample collection must be within 72 hours (3 days) of arrival in Grenada)?

Are you fully vaccinated with a WHO approved COVID-19 vaccine?

Signature

Enter your full name

Date