


DECLARATION

Full Name	Identity Document	Identification Number	Date of Birth
	<input type="checkbox"/> Identity Card <input type="checkbox"/> Passport		
Country/City of Origin:			

DESTINY		
Email Address	Home / Accommodation Address	Phone Number (SMS Reception)
ISLAND	MUNICIPALITY	
<input type="checkbox"/> Santa Maria	<input type="checkbox"/> Vila do Porto	
<input type="checkbox"/> São Miguel	<input type="checkbox"/> Ponda Delgada <input type="checkbox"/> Ribeira Grande <input type="checkbox"/> V. F. Campo <input type="checkbox"/> Povoação <input type="checkbox"/> Lagoa <input type="checkbox"/> Nordeste	
<input type="checkbox"/> Terceira	<input type="checkbox"/> Angra do Heroísmo <input type="checkbox"/> Praia da Vitória	
<input type="checkbox"/> Graciosa	<input type="checkbox"/> Santa Cruz	
<input type="checkbox"/> São Jorge	<input type="checkbox"/> Velas <input type="checkbox"/> Calheta	
<input type="checkbox"/> Pico	<input type="checkbox"/> Madalena <input type="checkbox"/> Lajes <input type="checkbox"/> São Roque	
<input type="checkbox"/> Faial	<input type="checkbox"/> Horta	
<input type="checkbox"/> Flores	<input type="checkbox"/> Santa Cruz <input type="checkbox"/> Lajes	
<input type="checkbox"/> Corvo	<input type="checkbox"/> Vila do Corvo	

I DECLARE ON MY WORD OF HONOR, to be aware that I have the three options listed below, under the terms of Regional Regulatory Decree No. 2-C/2021/A, of March 31, 2021, and that after choosing one, I commit myself to fulfill the duties that it implies and to be aware of the rights inherent to it.

CHOOSE ONE OF THE FOLLOWING OPTIONS:		
<input type="checkbox"/> Presenting a PCR Negative Test	<input type="checkbox"/> Exception (Testing on Arrival)	<input type="checkbox"/> Exception (Does Not Test on Arrival)

Presenting a PCR Negative Test

Provide proof, on paper or digital format, of a PCR test **NEGATIVE** result, done within 72 hours before my arrival on the Azores, issued by a Portuguese or international accredited laboratory to carry out tests on Covid-19, which attests to the conduct of a RT-PCR test to SARS CoV 2, and containing information regarding my identification, the name of laboratory where it was performed, the date of the test and the signature of the person responsible for the test.

In this case, and extending the stay for seven or more days, or for thirteen or more days, counting from the day of the test, I shall, on the 6th day and on the 12th day, contact the Health Authority of the municipality where I reside or am staying, in order to conduct a new SARS-CoV-2 screening test, to be promoted by the Local Health Authority, the result of which should be communicated to me, within 24 hours.

Conducting screening tests for SARS-CoV-2 (from the date of the 1st test):
6th day: _____ Island: _____
12th day: _____ Island: _____

**Exception¹ (Testing on Arrival)**

Conduct, with the collection of biological samples on arrival, a screening test for SARS-CoV-2, to be promoted by the Health Authority, and must remain, in prophylactic isolation, in my home or where I am staying, until the result of that NEGATIVE test.

In this case, and extending the stay for seven or more days, or for thirteen or more days, counting from the day of the first test, I shall, on the 6th day and on the 12th day, contact the Health Authority of the municipality where I reside or am staying, in order to conduct a new SARS-CoV-2 screening test, to be promoted by the Local Health Authority, the result of which should be communicated to me, within 24 hours.

Identify the exception: _____

Conducting screening tests for SARS-CoV-2 (from the date of the 1st test):	
6th day: _____	Island: _____
12th day: _____	Island: _____

Exception¹ (Does Not Test on Arrival)

Identify the exception: _____

INTER-ISLAND FLIGHTS

In case I intend to travel to another island, I communicate this intention by filling in the health form provided according to the draft attached to Normative Circular from the Regional Directorate of Health, committing myself to comply with the following procedures:

- Stay in prophylactic isolation in the place where I am staying or in a hotel room indicated for this purpose, until the NEGATIVE result of the respective test is communicated to me. Only after this, can I continue my journey;
- If I have a previous NEGATIVE SARS-CoV-2 screening test, I can go to this one;
- When I arrive at the final destination island, I must comply with the procedures provided for in points 4 and 8 of Article 7 of the Regional Regulatory Decree No. 2-C/2021/A, of March 31, 2021, in the part regarding the mandatory contact with the health authority, on the 6th day and 12th day, counted after the date the initial test was carried out, in order to perform a new SARS-CoV-2 screening test.

I KNOWLEDGE THAT:

1. Under the terms of number 3 of Article 8 of the Regional Regulatory Decree No. 2-C/2021/A, of March 31, 2021, and regardless any future extension, that the "*non-compliance with the provisions of the preceding numbers implies the submission of a complaint by the Regional Health Authority for the crime of disobedience, as well as the application, after landing, of the SARS-CoV-2 testing procedures, required by that entity.*"

2. The means at my disposal to complain, contest or appeal, and may, for this purpose:

- Appeal to the competent Administrative Authority, in this case the Regional Health Authority, to review any of the applied measures;
- To resort to judicial proceedings, in the absence of the indication of a lawyer and / or the absence of conditions to ensure private legal sponsorship, I was provided with the indispensable means to request legal support, namely, the form to request legal protection, available at http://www.seg-social.pt/documents/10152/21736/PJ_1_DGSS.

Local: _____

Date: _____

The Passenger

The Health Delegate

¹ Under the terms of the exceptions provided for in the Regional Regulatory Decree No. 2-C/2021/A, of March 31, 2021, without prejudice to any future extension.