



MANDATORY HEALTH DECLARATION

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which Heritance Aarah adheres to comply.

Please fill in BLOCK CAPITALS

Name with Initials	_____
Nationality	_____
Date of Birth	Passport / ID no
Permanent address	_____
Contact no	Email

Arrival airport in Maldives <small>(please ✓ as appropriate)</small>	MLE, Velana International Airport <input type="checkbox"/>		
Flight no (arrival to MLE)	_____	Date of departure	DD/MM/YYYY
Period of stay in MLE	Months _____ Days _____	Previous place of stay	_____
		<small>Applicable for guests travelling from another hotel</small>	

Country of origin	_____
Transit counties during current travel	_____
Countries you have visited in the last 14 days	_____

Have you had close contact with anyone who were suspected or confirmed with COVID-19 in the last 14-days? Yes No

If you have any of the following symptoms, please mark ✓

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fever	Sore throat	Cough	Headache	Vomiting	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shortness of breath	Muscle/joint pain	Diarreha	Other		

Recorded temprature at check-in _____

If travelling with kids (below 18 years),

Cross over if not applicable

Name with Initials (1) _____ Age _____ Temp at check-in _____

Name with Initials (2) _____ Age _____ Temp at check-in _____

Name with Initials (3) _____ Age _____ Temp at check-in _____

Name with Initials (4) _____ Age _____ Temp at check-in _____

Permanent address

(IF different from parent /guardian
please mention with initial)

Have they had close contact with anyone who were suspected
or confirmed with COVID-19 in the last 14-days?

Yes

No

If you have any of the following symptoms, please mark ✓

Fever Sore throat Cough Headache Vomiting
 Shortness of breath Muscle/joint pain Diarreha Other

I agree to inform the resort immediately in case I/ my child/ren develop any symptoms of COVID-19.
I/we am/are willing to undergo medical examination/s or hospitalisation in the event of showing suspected
COVID-19 symptoms and follow Governmental instructions and/or guidelines adhered by the local/national
health bodies.

As a responsible citizen/s, I/we agree to adhere to the health and safety guidelines and initiatives in place at
the resort and maintain necessary decorum.

**I/we declare the above-mentioned information is provided by me as a responsible traveller and is true
and correct. By signing this document, I/we confirm that I/we have read over and understood
my personal responsibility towards my fellow travellers and the resort staff.**

Further to my confirmations as above, I hereby declare the following:

I am fully and personally responsible for my own safety and actions while and during my participation
and I recognize that I may be in any case be at risk of contracting COVID-19.

With full knowledge of the risks involved, I hereby release, waive, discharge the Resort and its Owing
Company its board, officers, independent contractors, affiliates, employees, representatives, successors,
and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly
or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me
related to COVID-19 while participating in any activity while in, on, or around the Resort or while using the
facilities therein that may lead to unintentional exposure or harm due to COVID-19.

By signing below I acknowledge that I have read the foregoing and understand its contents; that I am at
least eighteen (18) years old and fully competent to give my consent; That I have received the Resort
"Covid-19 Guidelines".

Signature

Date