**Health Form**

I,

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| Full Name | Identity Document | Identification number |
| Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |

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| --- | --- |
| Home Adrress / Accommodation | Phone number |
| Click or tap here to enter text. | . Click or tap here to enter text. |

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| --- |
| County |
| Choose an item. |

**I DECLARE ON MY HONOR**, to be aware that upon arrival in the Autonomous Region of the Azores, the four options listed below are made available to me, under the terms of Government Council Resolution No. 164/2020, of June 15, 2020, choosing the option;

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| --- |
| Option |
| Choose an item. |

and committing myself to fulfill the duties that it implies and to be aware of the rights inherent to it, namely:

**OPTION 1**

Provide proof, on paper, of a document issued by an accredited laboratory to carry out tests on Covid-19, which attests to the conduct of a screening test to SARS CoV 2, within 72 hours before the flight departure from the airport of origin, where my identification appears, in the laboratory where it was performed, the date of the test, the signature of the person responsible for the test, and the NEGATIVE result.

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

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| **Conducting screening tests for SARS-CoV-2 (from the date of the 1st test):** |
| 6th day: Click or tap to enter a date. |

**OPTION 2**

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, counting from the day of the test, I shall, on the 6th, contact the Health Authority of the municipality where I reside or am staying, with a view to conducting a new SARS-CoV-2 screening test, to be promoted by the Local Health Authority, the result of which should be communicated to me.

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| **Conducting screening tests for SARS-CoV-2 (from the date of the 1st test):** |
| 6th day: Click or tap to enter a date. |

**OPTION 3**

Return to the original destination or travel to any destination outside the Region, fulfilling, until the time of the flight, prophylactic isolation in a hotel indicated for this purpose.

**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:

a) 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;

b) If I have a previous NEGATIVE SARS-CoV-2 screening test, I can go to this one;

c) When I arrive at the final destination island, I must comply with the procedures provided for in paragraphs a) and b) of paragraph 1 and in paragraph 9 of the Resolution of the Government Council No. 164/2020, of June 15th, in the part regarding the mandatory contact with the health authority, on the 6th day, counted after the initial test was carried out, to perform a new SARS-CoV-2 screening test.

**I KNOWLEDGE THAT:**

1. If I refuse to comply with all the procedures provided for, as well as fail to comply with the duty of prophylactic isolation or voluntary quarantine, if applicable, the local Health Authority may, within its competence, determine the realization of compulsory quarantine, for the period of time necessary to obtain a SARS-CoV-2 virus test result, or, if I don't agree to do it, for the period of time necessary to complete fourteen days from arrival in the Region, in a hotel defined for this purpose, the costs of which are charged to the passenger.

2. If mandatory quarantine is decreed by the Health Authority, provided for in the preceding paragraph, this decision must, within 24 hours, be submitted to judicial validation by the competent court.

3. Failure by the passenger to comply with the prophylactic isolation in the aforementioned terms and period, as well as failure to comply with the mandatory quarantine, if determined, implies the immediate presentation by the health authority of the municipality where he resides or is housed, of a complaint by the practice of the crime of disobedience.

**I ALSO KNOWLEDGE THAT:**

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

1. a) Refer to the competent Administrative Authority, in this case the Regional Health Authority, to review any of the applied measures;
2. b)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.

2.The “Information for Passengers disembarking in the Autonomous Region of the Azores”, attached to this declaration.

Place:Click or tap here to enter text. ,Date: Click or tap to enter a date.

The Passenger The Health Delegate

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