

Traveller Health Declaration

All the travellers must submit online health declaration form within 24 hours prior your departure to Maldives.

CHINESE

ENGLISH

COVID-19 Travel Advice

1. Maldivian citizens and Work Visa Holders who had travelled to the United Kingdom, shall undergo mandatory home quarantine for a period of 10 days. During the quarantine period, PCR sample will be taken on day 5 and 10. This includes those who transited in the airport of the UK for more than 12 hours. After arrival, within 12 to 24 hours travellers are mandated to get registered on <https://haalubelun.hpa.gov.mv>
2. Effective from 20th December 2020, as a preventive measure for COVID19, all arrivals should have a negative PCR result with a sample taken 96 hours prior to their departure to the Maldives.
3. The following the individuals are required to undergo mandatory 10 days home quarantine and must register on <https://haalubelun.hpa.gov.mv> within 24 hours of arrival to the Maldives
 - a. Maldivian citizens and persons holding work visas with past 14 days travel history to and or from the United Kingdom. Applicable for those who transited in the UK for more than 12 hours. During the quarantine period, PCR sample will be taken after day 5 and day 10.
 - b. Individuals who are enrolled as students in schools, colleges or universities in the Maldives.
 - c. Individuals who are employed in the health sector, education sector, and state welfare institutions such as prisons and shelters.
 - d. Maldivian citizens and work visa holders, arriving to Maldives with further travel to islands other than Greater Malé area must complete 10 days home quarantine.
4. Tourists are required to follow guidelines in place by Ministry of Tourism <https://tourism.gov.mv>
5. Travellers arriving for short term work-based visit (less than 10 days) shall obtain special permission from the Health Protection Agency. Request for permission has to be made by the concerned/ liaised local agency on the traveller's behalf. – only if travelling to other islands.
6. Travellers who develop signs and symptoms will be tested for COVID-19 and should the result be positive, the traveller will be subject to isolation as per current protocols.

 Arrival Departure **ОБРАТНЫЙ ВЫЛЕТ**

Personal Information

Please fill all the fields

First Name*

First Name **ИМЯ ПО ПАСПОРТУ**

Last Name*

Last Name **ФАМИЛИЯ ПО ПАСПОРТУ**

Email Address*

Email Address **ЭЛЕКТРОННАЯ ПОЧТА**

Port of Departure*

АЭРОПОРТ ОБРАТНОГО ВЫЛЕТА

Velana International Airport / Male' Seaport

A Photo of Yourself*

Take a photo at your convenience, it can even be from your mobile phone. Be a close-up of your full head and upper shoulders. Contain no other objects or people. Preferably be taken against light background. Be in clear contrast to the background. Should not have 'red eye'; Be facing forwards and looking straight at the camera. Have a plain expression and your mouth closed. Have your eyes open and visible. Should not have hair in front of your eyes. Should not have a head covering (unless it's for religious or medical reasons). Should not have anything covering your face. Should not have any shadows on your face or behind you. Do not wear sunglasses or tinted glasses. You can wear other glasses if you need to, but your eyes must be visible without any glare or reflection. **ЗАГРУЗИТЕ СВОЮ ЛИЧНУЮ ФОТОГРАФИЮ (ЛИЦО И ПЛЕЧИ КРУПНЫМ ПЛАНОМ, НА СВЕТОМ ФОНЕ)**

 Не выбран ни один файл

Mobile Number (With Country Code)*

ЛИЧНЫЙ МОБИЛЬНЫЙ НОМЕР (С КОДОМ СТРАНЫ)

Mobile Number (With Country Code)

Alternate Mobile Number (Spouse or a Family Member, With Country Code)*

МОБИЛЬНЫЙ НОМЕР РОДСТВЕННОГО ЧЛЕНА (С КОДОМ СТРАНЫ)

Alternate Mobile Number (Spouse or a Family Member, With Country Cod

Passport Number*

Passport Number **НОМЕР ЗАГРАНПАСПОРТА**

Passport Expiry Date*

ДД.ММ.РРРР ПАСПОРТ ДЕЙСТВИТЕЛЕН ДО

Nationality*

Nationality **НАЦИОНАЛЬНОСТЬ ПО ПАСПОРТУ**

Place of Birth*

Place of Birth **СТРАНА РОЖДЕНИЯ ПО ПАСПОРТУ**

Sex*

Sex **ПОЛ (MALE-МУЖ, FEMALE-ЖЕН.)**

NID (Only Maldivians)

Departure Date*

ДД.ММ.РРРР ДАТА ОБРАТНОГО ВЫЛЕТА

Date of Birth*

ДД.ММ.РРРР ДАТА РОЖДЕНИЯ

Flight/Ship Number*

Flight/Ship Number **НОМЕР ОБРАТНОГО РЕЙСА**

Seat/Deck Number (Optional)

Travelling To*

Country **В КАКУЮ СТРАНУ ВОЗВРАЩАЕТЕСЬ**

Duration of Stay, if Arrival (Days)*

КОЛ-ВО ДНЕЙ ПРЕБЫВАНИЯ ПО ТУРУ

Duration of Stay, if Arrival (Days)

Country of Residence*

Country **СТРАНА ПРОЖИВАНИЯ**

Mode of Transport*

Mode of Transport **ВЫБРАТЬ "By Air"**

Place of Residence*

Place of Residence **ГОРОД И АДРЕС ПРОЖИВАНИЯ ПО ПАСПОРТУ** ~~Residing in Greater Male' Area (Male', Villimale', Hulhumale')~~

The Island you stayed?*

If you are staying on a liveboard please select K.Male'

B.Dharavandhoo **Из списка необходимо выбрать остров, на котором вы проживали**

Purpose of Visit*

Purpose of Visit **ЦЕЛЬ ПОЕЗДКИ (ВЫБРАТЬ HOLIDAY)**

Address in Maldives*

Address in Maldives **АДРЕС ОТЕЛЯ (Если у Вас нет информации об адресе, продублируйте название отеля)**

Employer Name

Employer Name **МЕСТО РАБОТЫ**

Permit Number (If you have a valid Visa)

НОМЕР ВИЗЫ (ЕСЛИ ЕСТЬ)

Permit Number (If you have a valid Visa)

Permit Expiry Date

СРОК ДЕЙСТВИЯ ВИЗЫ (ЕСЛИ ЕСТЬ)

ДД.ММ.РРРР

Note

Those who develop signs and symptoms will be tested for COVID19, and those who become positive for COVID19 will be subject to isolation as per the current protocols.

Health Information

Please fill all the fields

Yellow Fever

 Have you travelled or Transited in a Yellow fever endemic country within the last 6 days Have you been vaccinated for yellow fever at least 10 days prior to your arrival date

Date of Yellow Fever Vaccination

ЭТИ ДАННЫЕ МОЖНО НЕ ЗАПОЛНЯТЬ

ДД.ММ.РРРР

Covid-19

Have you had any of the following symptoms within the last 14 days

БЫЛИ ЛИ У ВАС КАКИЕ-НИБУДЬ СИМПТОМЫ ЗА ПОСЛЕДНИЕ 14 ДНЕЙ?

Had/Have Fever

 Had/Have Fever **ЛИХОРАДКА**

Fever onset Date

ДД.ММ.РРРР **ДАТА НАЧАЛА СИМПТОМА**

Had/Have Cough

 Had/Have Cough **КАШЕЛЬ**

Cough onset Date

ДД.ММ.РРРР **ДАТА НАЧАЛА СИМПТОМА**

Had/Have Sore Throat

 Had/Have Sore Throat **БОЛЬ В ГОРЛЕ**

Sore Throat onset Date

ДД.ММ.РРРР **ДАТА НАЧАЛА СИМПТОМА**

Had/Have Breathing Difficulty

 Had/Have Breathing Difficulty **ЗАТРУДНЕННОЕ ДЫХАНИЕ**

Breathing Difficulty onset Date

ДД.ММ.РРРР **ДАТА НАЧАЛА СИМПТОМА** Have you registered in Haalubelun Web portal **ВЫ РЕГИСТРИРОВАЛИСЬ НА ПОРТАЛЕ HAALUBELUN?**

Note

Travellers who arrive in the Maldives, except for tourists, shall register for home quarantine through the "haalubelun" Web portal <https://haalubelun.hpa.gov.mv>, prior to starting travel to Maldives. If you have not registered in the web portal, you shall complete and collect quarantine document from health office at the port you arrive.

 Does your return destination country require proof of Negative PCR Test for COVID19 result upon arrival? **ТРЕБУЕТ ЛИ СТРАНА ВАШЕГО НАЗНАЧЕНИЯ ОТРИЦАТЕЛЬНЫЙ ТЕСТ НА COVID ПО ПРИБЫТИИ?** Does the return flight (Airline) / Vessel require proof of Negative PCR Test for COVID19 result to upon check-in/departure? **ТРЕБУЕТ ЛИ ВАША АВИАКОМПАНИЯ ОТРИЦАТЕЛЬНЫЙ ТЕСТ НА COVID ПРИ ПОСАДКЕ НА РЕЙС?** Have you got tested for COVID19 in Maldives? **ВЫ СДАВАЛИ ТЕСТ НА COVID НА МАЛЬДИВАХ?**

Have you received the results?

 Have you received the results? **ВЫ ПОЛУЧИЛИ РЕЗУЛЬТАТЫ?**

When was the test done?

ДД.ММ.РРРР --:-- **КАКОГО ЧИСЛА ВЫ СДАЛИ ТЕСТ?**

Travel History

Countries that you travelled to or transited in the last 14 days.

В КАКИХ СТРАНАХ ВЫ БЫЛИ ЗА ПОСЛЕДНИЕ 14 ДНЕЙ?

Baggage Information

Please fill all the fields

ИНФОРМАЦИЯ О БАГАЖЕ

No of Baggages

0 **КОЛ-ВО РУЧНОЙ КЛАДИ**

No of Checked Baggages

0 **КОЛ-ВО ЗАРЕГИСТРИРОВАННОГО БАГАЖА** Goods obtained Overseas with a total value exceeding MVR6,000/- *(Approximately USD 389,10), in addition to personal effects such as clothes, reasonable amount of jewelry. Wrist watches, pens camera, personal radio,laptop and toiletries. **ВЕЗЕТЕ ЛИ ВЫ С СОБОЙ ЛИЧНЫЕ ВЕЩИ НА СУММУ ПРЕВЫШАЮЩУЮ 3905?** I have samples for business and/or goods in commercial quantity. **ВЕЗЕТЕ ЛИ ВЫ С СОБОЙ ТОВАРЫ ДЛЯ БИЗНЕСА** Are you carrying cash equivalent or exceeding USD 20,000. 00 If "YES" please fill up the CASH DECLARATION FORM. **ВЕЗЕТЕ ЛИ ВЫ С СОБОЙ БОЛЕЕ 20000\$?**

Before you submit your application, review it carefully. Make sure it is complete and accurate.

Entering incorrect information could lead to denial of entry in accordance with The Maldives Immigration Act 2007.

Cancel

Submit

ПОЛУЧИТЕ И СОХРАНИТЕ/РАСПЕЧАТАЙТЕ QR КОД