



The Government of the Bahamas
Ministry of Health
Application to Travel

Each person requesting permission to travel to or within The Bahamas is required to **submit a copy of this form and original COVID-19 RT-PCR test result to COVID19travel@bahamas.gov.bs.**

The anticipated time for processing is a minimum of **five (5)** working days. Please indicate if there are any special considerations that you may require.

Personal Information

| | | |
|--|--------------------------|-----------------|
| Last Name | First Name | Middle Initial |
| Date of Birth (dd/mm/yyyy) | Gender Male Female | Mode of travel: |
| Personal Email Address | Cell Number | |
| Occupation | | |
| Present Home Address (include house number and street) | Country | |
| City/Settlement | Island/Province/State | |

Travel Information

| | | |
|---------------------------------------|---|---|
| Travel Document Type (attach copy) | Travel Document Number | |
| Purpose for Travel: | | |
| Port of Embarkation | Final Port/Destination | |
| Proposed Date of Travel (dd/mm/yyyy) | Proposed Carrier | |
| Name of Laboratory | Date of COVID Test (dd/mm/yyyy) | |
| Quarantine Facility | Home or Residential Government Quarantine | For Home or Residential Facility, give information below: |

Destination Information

| | | |
|---|--------|--------------|
| Home Telephone Number | Cell | |
| Address (include house number and street) | Island | Constituency |

Directions/Details

Permanent Home Number

Permanent Cell

Address (include house number and street)

Island

Constituency

Directions/Details

Comments/Special Considerations:

I understand that Quarantine is the restriction of movements for persons who are well but may have been exposed to the coronavirus to see if they become ill (showing any flu-like symptoms). The duration of the Quarantine period is for a minimum of 14 days and is subject to conditions outlined in the Quarantine Act and the Emergency Powers (Covid 19) Regulations Order, 2020. The agreed date of commencement of Quarantine will be determined and communicated by the Ministry of Health.

Initials

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications.

Initials

I understand that submitting any untruthful information may result in my being subject to a fine, imprisonment and/or both, as outlined by the Emergency Powers COVID-19 Order and amendments.

Initials

FOR OFFICIAL USE ONLY

Risk Assessment Level

| | High | Medium | Low |
|--|------|--------|-----|
| | | | |

Verified by: Name Signature Date (dd/mm/yyyy)

RT PCR Test Result Valid? Yes No

Verified by: Name Signature Date (dd/mm/yyyy)

Quarantine Facility Self Quarantine Government Quarantine

Verified by: Name Signature Date (dd/mm/yyyy)

Approval Status Reason For Non Approval

Date of notification (dd/mm/yyyy)