THE GOVERNMENT OF THE BAHAMAS MINISTRY OF HEALTH CONSENT FOR INTERISLAND TRAVEL & ENTRY INTO THE BAHAMAS

INSTRUCTIONS: This form is to be completed by ALL persons requesting approval for interisland travel and entry into The Bahamas by air or sea whether by private or commercial carrier.

The requesting traveler must **INITIAL**, **SIGN** and **SUBMIT** the completed form at <u>COVID19travel@bahamas.gov.bs</u> within five (5) business days prior to the travel date. The form will be witnessed by an authorized Ministry of Health Representative.

1,		of	
	(Name of traveler)		(Address)

agree and consent to all public health measures implemented by the Ministry of Health and the Competent Authority in The Bahamas during the COVID-19 pandemic once permission has been granted for my travel to include the following:

	I agree
I agree to adhere to the mandatory quarantine time of fourteen(14) days whether at a private residence or in a government facility unless otherwise advised by the Ministry of Health.	
I agree to follow my quarantine and adhere to existing Curfew Orders stated by the Competent Authority.	
I agree to comply with physical distancing remaining at least six (6) feet (2 arm's length) from other people.	
I agree to frequently wash my hands with soap and clean running water. I agree to use an alcohol based hand sanitizer when soap and running water are unavailable.	
I agree to ALL instructions given by the Ministry of Health and the Competent Authority for my safety and the safety of the public that may not be listed above regarding COVID-19 precautions.	
I consent to an authorized representative from the Ministry of Health accessing my COVID-19 test results from an accredited laboratory and validating the results.	
I have submitted all the required documents, forms and test results requested prior to my travel and to the best of my knowledge they are correct and true.	

I consent to all of the above and understand that should I breach or violate any of the Emergency Power Orders regarding quarantine, isolation and/or curfew, I face a twenty thousand (\$20,000.00) fine or five (5) years imprisonment or BOTH.

Traveler's Signature

Date (dd/mm/yy)

MOH Representative's Signature

Date (dd/mm/yy)

Ministry of Health (MOH) May 2020