**HEALTH PROTOCOL STATEMENT LETTER**

I the undersigned,

|  |  |  |
| --- | --- | --- |
| Name | : | ................................... |
| Gender | : | ................................... |
| Place and Date of Birth  | : | ................................... |
| Nationality | : | ................................... |
| Passport Number | : | ................................... |
| Passport Expiration Date | : | ................................... |

Hereby declare that

1. I am willing to enter quarantine and/or treatment at a quarantine facility or health service facility designated by the Indonesian government if the PCR test at the entrance to the country gives a positive result (+), or there are clinical symptoms of Covid-19.
2. I am willing to be monitored by the health authority during the quarantine period or self-isolation according to health protocol and Indonesian laws and regulations.

This statement is made truthfully and is issued for any legal purpose it may serve.

(*Signature*)

(----------Name--------)