

HEALTH PROTOCOL COMPLIANCE STATEMENT

Full name :
Date of birth :
Nationality :
Passport number :

Will comply with the currently valid Covid-19 health protocol that has been determined by the Indonesian government.

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 pay for all expenses that occur during my quarantine in Indonesia
3. 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.

City _____ Date _____

Signature

Full name _____