



Cooperative Republic of Guyana Repatriation Form

Section 1. Biodata

Last Name	
First Name	
Middle Name	
Home Address (Guyana)	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	
Place of Birth	
Nationality	
Passport Number	
Issued Date	
Place of Issue	
Expiration Date	
Telephone Number	Cell <input type="text"/> Cell <input type="text"/> Landline <input type="text"/>
Email Address	

Section 2. Travel history

When did you leave Guyana?	DD/MM/YYYY
Purpose of stay outside of Guyana	Work <input type="checkbox"/> Business <input type="checkbox"/> Study <input type="checkbox"/> Government <input type="checkbox"/> Health <input type="checkbox"/> Other <input type="checkbox"/> Tourism <input type="checkbox"/>
Current Address (Abroad)	
Telephone Number (abroad)	Landline <input type="text"/> Mobile <input type="text"/>
Places visited in the last 21 days	
Are you travelling with family members?	<u>Adults</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Children</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
Next of Kin in Guyana	<u>Name</u> <u>Relationship</u> <u>Address</u> <u>Telephone</u> <u>Email</u>



Section 3. Medical History

Have you been tested for COVID-19?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when <input type="text" value="dd/mm/yyyy"/> Where <input type="text" value="Name and address of institution"/> Type of Test done: <input type="checkbox"/> Polymerise Chain Reaction (PCR) Test <input type="checkbox"/> Rapid COVID-19 Test
Have you been diagnosed as having COVID-19?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you had COVID-19?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	
In the last 14 days did you have contact with any person who is under investigation for COVID-19?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	
Do you presently have any of the following symptoms?		
Fever <input type="checkbox"/>	Muscle Ache <input type="checkbox"/>	
Cough <input type="checkbox"/>	Vomiting <input type="checkbox"/>	
Respiratory Distress <input type="checkbox"/>	Abdominal Pain <input type="checkbox"/>	
Sore Throat <input type="checkbox"/>	Diarrhea <input type="checkbox"/>	
Shortness of breath <input type="checkbox"/>	Fatigue <input type="checkbox"/>	
Chills <input type="checkbox"/>	Other (please State) <input type="text"/>	
Headache <input type="checkbox"/>	None of the above <input type="checkbox"/>	
If yes to any of the above, when did the symptoms started:	<input type="text" value="dd/mm/yyyy"/>	
What is your intended route of return to Guyana?	<input type="checkbox"/> Barbados <input type="checkbox"/> Panama City, Panama <input type="checkbox"/> Cuba <input type="checkbox"/> Trinidad and Tobago <input type="checkbox"/> Miami <input type="checkbox"/> Suriname <input type="checkbox"/> New York	



Section 4. Accommodation

Accommodation	<p>A quarantine facility is any public and/or private facility designated by the Ministry of Public Health to be used for quarantine of COVID-19 cases.</p> <p>The Ministry of Public Health will give consideration to persons who may wish to spend their time at a private facility rather than a public quarantine facility and has designated two private places for this purpose – Baracara Hotel and Bransville Apartments.</p>
MOPH Facility	Bed, meals, Wi-Fi, security (free of cost).
BARACARA HOTEL (cost be borne by citizen)	<p>2nd & 3rd Floors \$8,000 GYD per night 1st Floor \$5,000 GYD per night (4 with AC, 4 with Fans) All rooms are equipped with a small refrigerator and 2 beds. Meals: Breakfast \$800 GYD. Lunch \$1,000 GYD Dinner \$1,000 GYD</p> <p style="text-align: center;">OR</p> <p>Lower Flat \$7,800 GYD per night inclusive of 3 meals</p>
BRANSVILLE APARTMENTS (cost be borne by citizen)	<p>\$15,000 GYD per night. Each room is equipped with a single bed, refrigerator (laundry included); Additional person in the room will be charged \$5,500 GYD per night. Meals: Breakfast/Lunch/Dinner \$5,500 GYD per person.</p>
ALL persons being repatriated to Guyana are required to undergo at least 14 days of quarantine. Please indicate where would you like to be quarantined?	<p>Ministry of Public Health (MOPH) Facility <input type="checkbox"/> Free</p> <p>Baracara Hotel <input type="checkbox"/> Proof of reservation and payment</p> <p>Bransville Apartments <input type="checkbox"/> Proof of reservation and payment</p>



Section 5. Declaration

- I ACKNOWLEDGE and ACCEPT that I am required to undergo at least 14 days of quarantine.
- I acknowledge that a negative PCR test does not necessarily exempt me from quarantine.
- I AGREE to comply with the quarantine rules issued under the State of Emergency by the Ministry of Health
- I ACKNOWLEDGE that failure to observe quarantine puts me and those around me at risk.
- I AGREE to fully cooperate with the facilitator, caretaker, health care professional or other MoPH officials who are responsible for my well-being during quarantine.
- I ACCEPT that No Visitors are allowed (however, they can utilize the CDC for collection of items from family members).
- I WILL, if asked, wear a mask or other Personal Protective Equipment (PPE) (of the specifications recommended by MoPH) at all times during quarantine.
- I CONSENT to provide truthful information at all times during my stay in quarantine.

- I ACKNOWLEDGE and ACCEPT that this Declaration will be considered as my consent to Ministry of Foreign Affairs and Ministry of Public Health to disclose, share, record and store the information contained in this application with any relevant authority or service provider for the purposes of ensuring the safety and security of any and all third parties that may come in contact with me prior, during, and after my time in quarantine.

- I certify that the information provided above is true and accurate at the time of submission.

Name

Signature

Date: dd/mm/yyyy

WARNING: IT IS AN OFFENCE UNDER THE LAWS OF GUYANA TO MAKE ANY FALSE STATEMENT, REPRESENTATION OR DECLARATION.