

Traveller Health Declaration

All the travellers must submit online health declaration form within 24 hours prior your departure to Maldives.

COVID-19 Travel Advice

- The following categories of travelers must hold a negative COVID-19 PCR test result with a sample taken not more than 96 hours prior to their departure to the Maldives.
 - All tourists
 - Special Visa holders
 - Business visa holders
 - Foreign diplomats and their accompanying family members
 - Airline/ aircraft crew whose transit stay in the Maldives
 - is arranged in an accommodation other than a designated transit facility and/ or;
 - duration of stay will exceed seven days
 - Crew of ships who arrive by air to sign onto a ship
- Passengers except those specified in 1 (a), (e), (f) and children below 1 year, are required to undergo mandatory home quarantine for 10 days in their place of residency or work. Such passengers must obtain a COVID-19 negative PCR test result before they are released from quarantine. After arrival, within 12 to 24 hours these travelers are mandated to get registered on <https://haalubelun.hpa.gov.mv/> portal.
- Maldivian citizens and Work Visa holders traveling to the Maldives are required to undergo mandatory home quarantine for a period of 10 days in their place of residency or work.
- Tourists are required to follow guidelines in place by the Ministry of Tourism <https://tourism.gov.mv>
- Travelers arriving for short term work-based visit (less than 7 days) shall obtain special permission from the Health Protection Agency. Request for permission has to be emailed to eclegal@health.gov.mv by the concerned/ liaised local agency on the traveler's behalf.
- Travelers who develop COVID-19 signs and symptoms will be tested for COVID-19 and if the test result is positive, the traveler will be subject to isolation as per the Health Protection Agency protocols.

Arrival Прибытие

Departure

Personal Information

Please fill all the fields

First Name*

First Name

Имя по паспорту

Last Name*

Last Name

Фамилия по паспорту

Email Address*

Email Address

Электронная почта

Port of Entry*

Аэропорт прибытия

Velana International Airport / Male' Seaport

A Photo of Yourself*

Take a photo at your convenience, it can even be from your mobile phone. Be a close-up of your full head and upper shoulders. Contain no other objects or people. Preferably be taken against light background. Be in clear contrast to the background. Should not have 'red eye'. Be facing forwards and looking straight at the camera. Have a plain expression and your mouth closed. Have your eyes open and visible. Should not have hair in front of your eyes. Should not have a head covering (unless it's for religious or medical reasons). Should not have anything covering your face. Should not have any shadows on your face or behind you. Do not wear sunglasses or tinted glasses. You can wear other glasses if you need to, but your eyes must be visible without any glare or reflection.

Выберите файл

Файл не выбран

Загрузите свое фото

Альтернативный номер моб.тел

Mobile Number (With Country Code)*

Mobile Number (With Country Code)

Номер моб.тел

Alternate Mobile Number (Spouse or a Family Member, With Country Code)*

Alternate Mobile Number (Spouse or a Family Member, With Country Code)

Passport Number*

Passport Number

Номер паспорта

Passport Expiry Date*

ДД.ММ.ГГГГ

Срок действия паспорта

Nationality*

Nationality

Национальность

Place of Birth*

Place of Birth

Место рождения

Sex*

Sex

Пол

NID (Only Maldivians)

ID Card Number

Arrival Date*

ДД.ММ.ГГГГ

Дата прибытия

Date of Birth*

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Дата рождения

Flight/Ship Number*

Flight/Ship Number

Номер рейса

Seat/Deck Number (Optional)

Seat/Deck Number (Optional)

Last port of Disembarkation*

Country

Страна вылета

Duration of Stay, if Arrival (Days)*

Duration of Stay, if Arrival (Days)

Кол-во дней пребывания

Country of Residence*

Country

Страна проживания

Mode of Transport*

Mode of Transport

Вид транспорта: By Air

Place of Residence*

Place of Residence

Адрес проживания

☐ Residing in Greater Male' Area (Male', Villimalé', Hulhumalé')

Which Island will you be staying in?*

If you are staying on a liveaboard please select K.Male'

Which Island will you be staying in?

Название отеля/острова

Which Facility (Guesthouse) will you be staying in?

Specify only if you are not staying in a Resort.

Which Facility (Guesthouse) will you be staying in?

Purpose of your Trip*

Purpose of your Trip

Цель поездки: Holiday

Note

The address you specify here will be the place you will be mandated to be quarantined at for 10 days upon arrival. If you have already requested for home quarantine using the <https://haalubelun.hpa.gov.mv/> portal, that address will take precedence. If you are visiting Maldives as a tourist or a diplomat please specify the address you will be staying in.

Address in Maldives*

Address in Maldives

Адрес отеля

Номер визы (если есть)

Срок действия визы

Employer Name

Employer Name

Место работы

Permit Number (If you have a valid Visa)

Permit Number (If you have a valid Visa)

Permit Expiry Date

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Note

Those who develop signs and symptoms will be tested for COVID19, and those who become positive for COVID19 will be subject to isolation as per the current protocols.

Health Information

Please fill all the fields

Note

I have been fully informed that, as a requirement for travelling to Maldives, I must present a valid Negative PCR COVID19 test result (not exceeding 96hrs prior to departure), to the carrier before departure, and to Maldives Immigration, on arrival. I ALSO UNDERSTAND THAT, POSSESSION OF A PCR NEGATIVE TEST DOES NOT PRECLUDE NATIONAL AUTHORITIES FROM UNDERTAKING ANY ADDITIONAL SCREENING OR SURVEILLANCE MEASURES DEEMED NECESSARY.

Where applicable, if I am consenting to submit information to the carrier and Maldives Immigration on behalf of a child, I acknowledge and agree that I have the legal capacity to do so as a parent and as a legal guardian of that child.

I also warrant that the COVID19 PCR test results that I am providing have not been altered, changed, modified or tampered with anyway and are accurate to the best of my knowledge. I hereby, INDEMNIFY the carrier / Maldives Immigration / Health Protection Agency FROM all liabilities regarding the PCR test results and agree to bear the costs for ANY FURTHER testing, ISOLATION and quarantine related to COVID19 where applicable and necessary.

Yellow Fever

Были ли вы в стране с желтой лихорадкой

☐ Have you travelled or Transited in a Yellow fever endemic country within the last 6 days

Были ли вы вакцинированы от желтой лихорадки

☐ Have you been vaccinated for yellow fever at least 10 days prior to your arrival date

Date of Yellow Fever Vaccination

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Дата вакцинации от желтой лихорадки

Covid-19

Have you had any of the following symptoms within the last 14 days

Были ли у вас симптомы Covid за последние 14 дней

Had/Have Fever

☐ Had/Have Fever

Лихорадка

Fever onset Date

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Даты начала симптомов

Had/Have Cough

☐ Had/Have Cough

Кашель

Cough onset Date

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Had/Have Sore Throat

☐ Had/Have Sore Throat

Боль в горле

Sore Throat onset Date

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Had/Have Breathing Difficulty

☐ Had/Have Breathing Difficulty

Затрудненное дыхание

Breathing Difficulty onset Date

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☐ Have you registered in Haalubelun Web portal

Вы зарегистрировались на портале

Note

Travellers who arrive in the Maldives, except for tourists, shall register for home quarantine through the "haalubelun" Web portal <https://haalubelun.hpa.gov.mv/>, prior to starting travel to Maldives. If you have not registered in the web portal, you shall complete and collect quarantine document from health office at the port you arrive.

☐ Is your return travel planned?

Поставить галочку и выбрать дату окончания поездки

Do you have proof of a Negative PCR Test done 96 hours prior to your departure from your port of embarkation?

PCR Test Result

Выберите файл

Файл не выбран

Загрузить тест

No

Есть ли у вас отрицательный тест на Covid

PCR Tested Date

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Дата сдачи теста

PCR Tested Result

Negative

Результат теста

COVID-19 Vaccination

Были ли у вас положительный тест на Covid

Have you been tested positive for COVID-19 within the last 3 months?

Вакцинированы ли вы от Covid

Have you been vaccinated for COVID-19?

No

No

Name of Vaccine

Name of Vaccine

Название вакцины

Dose 1 Received Date

Даты

Dose 1

No

1 доза

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Dose 2

No

2 доза

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Travel History

Countries that you travelled to or transited in the last 14 days.

Какие страны вы посещали за последние 14 дней

Baggage Information

Please fill all the fields

Информация о багаже/вещах/товарах/валюте

No of Baggages

0

No of Checked Baggages

0

☐ Goods obtained Overseas with a total value exceeding MVR6,000/- *(Approximately USD 389,10), in addition to personal effects such as clothes, reasonable amount of jewelry. Wrist watches, pens camera, personal radio.laptop and toiletries.

☐ I have samples for business and/or goods in commercial quantity.

☐ Are you carrying cash equivalent or exceeding USD 10,000. 00 If "YES" please fill up the CASH DECLARATION FORM. [Download Form](#)

Under the Section 12(a) of Law Number 7/2012 (Public Health Protection Act), as a prevention and control measures of COVID19, it is the current policy of the government to impose a home quarantine for a period of 10 days on arrival for those arriving in Maldives except for tourists. All travellers fitting the criteria must oblige to this decision.

I, hereby agree and declare to get isolated / quarantine at my residing address until I am released accordingly with COVID19 Prevention and Control Measures laid by Health Protection Agency Maldives. And I agree to Register on <https://haalubelun.hpa.gov.mv/> web portal within 12 to 24 hours of arrival, in order for me to receive the legal document from HPA (Does not apply for tourists and workers going directly to resort/Safari)

Before you submit your application, review it carefully. Make sure it is complete and accurate.

Entering incorrect information could lead to denial of entry in accordance with The Maldives Immigration Act 2007.

Cancel

Submit

Сохраните и распечатайте