

## SEYCHELLES PUBLIC HEALTH AUTHORITY

### Submission of Covid-19 PCR test to Seychelles Public Health Authority

Please submit the completed form by email to [visitor@health.gov.sc](mailto:visitor@health.gov.sc). You will receive an automated acknowledgement. If there are any queries with your submission, our team will contact you.

All visitors are reminded that entry into Seychelles is also conditional on having full health insurance cover, including Covid-19 related medical care.

Name and Surname of traveller(s)	Date of Birth	Nationality	Passport number

#### Travel details

Date of departure	Airport of origin
Departure flight number	Transit airport (if applicable)
Date of arrival in Seychelles	Arrival flight number
Date of departure from Seychelles	

Recent travel (List the countries/territories visited in the past 30 days)

Country/territory	From date	To date

Accommodation details in Seychelles (Note that hotel vouchers must be presented at Immigration on entry)

Name of hotel/guesthouse/vessel	Contact telephone number of hotel	Date of check-in	Date of check-out

#### Submission of COVID-19 test results

Results submitted for [ ] person(s) *Indicate number of results submitted*

NB. Test results/certificates should be submitted as pdf or jpeg file, together with this document, as email attachments. Please make sure that the document is clear and easy to read

Name of person submitting this form	
Telephone number	Email address

Postal address