



POHNPEI STATE COVID-19 TASK FORCE

APPLICATION FOR CERTIFICATE OF QUALIFIED ENTRY

(Please print legibly or type in bold print)

I. PERSONAL INFORMATION

Name: Surname , First and Middle on current passport:

Permanent Address

Municipality

How long have you been away from

Phone number

Email Address

Date of Birth: _____ Sex : _____

Passport No.

Expiration Date :

Resident() and/or Citizen()

II. TRAVELER CATEGORY (CHECK ONE)

Pohnpeian resident medical referral patients and attendants ()

Pohnpeian resident students graduated abroad and stranded ()

Diplomats, Health Experts & essential workers assigned to assist Pohnpei ()

Pohnpeian citizens and residents stranded overseas due to COVID-19 ()

Human Remains of Pohnpei residents (HR) ()

Immediate family accompanying HR : relationship _____ ()

Boat/ship crew or others, specify _____ ()

III. REQUIRED DOCUMENTS (HR– N/A)

1) **NEGATIVE COVID-19 Lab. Test Result no more than two (2) days prior to departure for Pohnpei.**

2) **Vaccination records or proof thereof :** () completed () 1st shot () none

3) **Passport photo and bio-page**

IV. **Were you or are you: if yes** → **please explain, including date (s)**

a) A victim of COVID-19? _____

b) A Person Under Investigation (PUI)? _____

c) A Contact or ever exposed to COVID-19? _____

V. SIGNATURE DISCLAIMER

I certify that the information I provided above are true and complete to the best of my knowledge. I understand that false and/or misleading information will result in automatic denial of this application and/or punishable by law .

Signature _____ Date: _____