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The personal data requested is being processed according to Article 27 (a) (i) of the Public Health Act, the General Data Protection Regulation (EU) 2016/679 and the Data Protection Act 2018.

PUBLIC HEALTH TRAVEL DECLARATION FORM

In accordance with Maltese Legislation, only certain travel to and from specific countries is allowed.

1. For the countries/zones listed below, travel to Malta without quarantine is allowed ONLY if you have been fully vaccinated (received all applicable doses of an EMA approved vaccine 14 days before your date of arrival in Malta) and are in possession of a valid vaccination certificate recognised by the Superintendent of Public Health (age 12+) OR if you have prior authorisation or have been granted an exemption from the MALTESE health authorities for your travel OR if you are 5-11 years old travelling with vaccinated parents/guardians and have a negative PCR test taken within 72 hours prior to arrival in Malta (children under 5 years are exempt from testing). If you do not have a valid vaccination certificate recognised by the Superintendent of Public Health (age 12+) for a full course of an EMA approved vaccine with 14 days after the last dose, you can travel to Malta ONLY if you are willing to quarantine either at an approved address or in a quarantine hotel.

Albania, Andorra, Armenia, Australia, Austria, Azerbaijan, Belgium, Belize, Bhutan, Bosnia and Herzegovina, Bulgaria, Canada, China (including Taiwan, Macau and Hong Kong), Croatia, Cuba, Cyprus, Czechia, Denmark, Egypt, Estonia, Faroe Islands, Fiji, Finland, France, Georgia, Germany, Gibraltar, Greece, Hungary, Iceland, Ireland, Iran, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kosovo, Latvia, Lebanon, Libya, Liechtenstein, Lithuania, Luxembourg, Moldova, Monaco, Montenegro, Netherlands, New Zealand, North Macedonia, Norway, Panama, Poland, Portugal, Qatar, Romania, San Marino, Saudi Arabia, Serbia, Singapore, Slovakia, Slovenia, South Korea, Spain, Sweden, Switzerland, Turkey, Ukraine, United Arab Emirates, United Kingdom, Vatican City, Vietnam, United States of America (limited to the following states: Alabama, Alaska, American Samoa, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Federated States of Micronesia, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas. Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, Northern Mariana Islands, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Palau, Pennsylvania, Puerto Rico, Republic of Marshall Islands, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Virgin Islands, Washington, West Virginia, Wisconsin, Wyoming.

2. For any other country/zone, you may travel to Malta only if you have prior authorisation from the MALTESE health authorities for your travel and you follow the medical protocol of testing and quarantine on arrival.

authorities for your travel and you follow the medical protocol of testing and quarantine on arrival.
Traveller information:
Travel document No. & Country issuing
(ID Card Number for Maltese and Foreigners holding a Maltese residence permit.)
Airport/Port of Origin:
Date of birth: (YYYY/MM/DD):
Please list the countries you have spent time in in the last 14 days
Please fill in the declaration that applies to your travel situation:
Ihereby declare that I am fully vaccinated and am in possession of an officially recognised vaccination certificate (This option CAN ONLY be selected if you have spent 14 days in a country included in point 1 above OR
Ihereby declare that I have prior authorisation or have been granted an exemption from the Maltese health authorities for my travel and I have proof of authorisation that I can present on request OR
Ihereby declare that I am 5-11 years old travelling with vaccinated parents/guardians and I have a negative PCR test taken within 72 hours prior to arrival in Malta (children under 5 are exempt) OR
Ihereby declare that I am not vaccinated or do not have an officially recognised vaccination certificate and I am willing to quarantine either at an approved address or in a quarantine hotel
Do you CURRENTLY have ANY of the following symptoms:
Fever Yes No Shortness of Breath Yes No Diarrhoea/vomiting Yes No
Coughing Yes No Sudden loss of sense of taste or smell Yes No
Have you had a positive COVID-19 test in the last 14 days? Yes No
Please note that a false declaration on arrival is considered a criminal offence.
Signature Date