

HEALTH PROTOCOL STATEMENT LETTER

I the undersigned,

Name :
Gender :
Place and Date of Birth :
Nationality :
Passport Number :
Passport Expiration Date :

Hereby declare that

1. I am willing to enter quarantine and/or treatment at a quarantine facility or health service facility designated by the Indonesian government if the PCR test at the entrance to the country gives a positive result (+), or there are clinical symptoms of Covid-19.
2. I am willing to be monitored by the health authority during the quarantine period or self-isolation according to health protocol and Indonesian laws and regulations.

This statement is made truthfully and is issued for any legal purpose it may serve.

(Signature)

(-----Name-----)