

Disclaimer

Full Name		National ID/Iqama	
Residence Address			
Point of Entry (name of airport, ground crossing, seaport)		Country Arriving From	
Arrival Date		Flight/Trip Number	
Personal Mobile Number		Relative Contact Number	

I (the person signing below) admit that I/ (the person mentioned above) **do not have any respiratory symptom or fever or any symptom of coronavirus (COVID-19) infection**, and will comply with completing the full home quarantine period determined for (2 days) from arrival to the kingdom with negative PCR by the end of period. If PCR is not done, home quarantine will be continued for (7 days). I also admit the following:

1. Acknowledge and agree to the requirements for home quarantine and commit to comply with them, which are:
 - Assign location through Tataman application within 8 hours from arrival, **else it would be escalated to responsible authority after 24 hours to take necessary action.**
 - **Stay home throughout the quarantine period** and do not leave unless seeking medical care.
 - Stay in an isolated room away from other persons. Not to share food nor drinks with others, especially those of high risk, such as elderly persons, persons with chronic medical conditions, and pregnant women. Not to have contact with pets.
 - Wear a facemask when leaving the room for any reason, or when leaving home to seek medical care. Keep distance of at least 1.5 meters between yourself and others, in addition to wearing a facemask.
 - Cover mouth and nose with napkins when coughing or sneezing. Wash hands with soap and water for at least 40 seconds or use alcohol-containing hand sanitizers.
 - Avoid sharing personal items with others (such as showers towels and eating or drinking utensils). Cleans all surfaces (frequently touched) such as door handles, computer keyboards, light switches, mobile phones, and others, using alcohol or chlorine containing sanitizers.
 - Make sure that shared spaces at home are well ventilated.
 - Assign separate bathroom if possible and clean carefully following every use if shared with others.
 - Monitor symptoms, such as dry cough, fever, or shortness of breath. **Immediately call 937 if any symptom appeared and notify them of that. Go to primary healthcare center or emergency room if necessary.**
2. I am registered on **(Tataman and Tawakkalna applications)** and was informed on how to use them and do the daily health assessment, and I will contact Ministry of Health whenever needed.
3. I agree to the Ministry of Health taking any preventive or medical measures, to undergo medical and laboratory check-ups, or any other procedure determined to benefit me or protect the public health. I will be present when contacted on the numbers stated above.
4. I admit to complying with previous instructions, in addition to instructions issued later by responsible authorities in relation to coronavirus pandemic. Failure to comply with those instructions and procedures exposes me to determined penalties of monetary fines up to 500 thousands Saudi Riyals, imprisonment for up to two years, or both penalties combined.
5. **I admit to call 937 and contact Tataman and Takkad clinics to perform (PCR) test for covid-19 at the end of the two days.**

Name: _____

Signature: _____

Date: _____