

Appendix C – Declaration by a Tourist and Consent

to the Conditions of Entry and Stay in Israel

I _____ the holder of passport number _____, hereby declare that:

1. I have been vaccinated against the Coronavirus (COVID-19) and that I am in possession of a vaccination certificate.
2. I am aware of the fact that a condition for entering Israel is the purchase of an insurance policy that covers treatment for COVID-19.
3. I am aware of the fact that a condition for entry into Israel is a negative result of a PCR test, conducted up to 72 hours prior to the aircraft taking off for Israel.
4. I am aware of the fact that a condition for boarding an aircraft flying to Israel is to fill out a health declaration 24 hours prior to the flight, on the website of the Israeli Ministry of Health and that I must provide, in the declaration, the mobile telephone number of the Israeli travel agent that is responsible for my group while in Israel.
5. I am aware of the fact that when I enter Israel, while still at the airport in Israel, I will have to undergo a PCR test, for which I will have to pay in advance.
6. I am aware of the fact that in order to avoid going into isolation in Israel, I must undergo a serological examination, at my expense, at a location that will be coordinated by the travel agent, and that I must go into isolation until a positive result is obtained and an isolation exit permit is issued.
7. I am aware of the fact that in the event that I obtain a negative result in the serological examination, when arriving in Israel and / or during my stay in Israel, I must update the travel agent and go into isolation immediately. I also am aware of the fact that the stay in isolation will be at my expense and in accordance with the directives of the Israeli Ministry of Health.
8. I am aware of the fact that in case I have one or more COVID-19 symptoms or if I obtain a positive result on a PCR test, when I arrive into Israel and / or during my stay in Israel, I must update the travel agent and go into isolation immediately. I also am aware of the fact that the isolation will be done at an official Corona hotel or in accordance with the directives of the Israeli Ministry of Health and that the stay in isolation will be at my expense.

9. I am aware of the fact that throughout my visit to Israel, I must be part of the group and not separate from them.
10. I agree that the travel agent will submit the relevant details, including a copy of my immunization certificate and the itinerary of my visit to Israel to Government Ministries in Israel, as far as these are required as part of an epidemiological investigation..

Full Name

Country

Signature

Date

**Appendix D - Power of Attorney – Procedure for Exiting Isolation
and the Issue of a Vaccination Certificate**

I hereby grant a power of attorney to _____, I. D. number
_____, to handle the process of my exit from isolation on my behalf, as
well as the issue of a vaccination certificate by the Ministry of Health.

Full Name

Country

Signature

Date