



Republic of Malawi

Malawi Returnee/Traveler Pre-Departure Registration Form

*Must filled information

First Name*:	
Last Name*:	
Passport Number / Travel Document ID*:	
National ID:	
Phone Number (Malawi)*:	
Phone Number (Country of resident, including country code)	
Sex*	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth *	(dd/mm/yyyy) / /
Email address	
Next of Kin in Malawi*	
Address of next of kin	
Malawi Phone Number of Next of Kin*	
Expected Date of Departure*	(dd/mm/yyyy) / /
Departing from which Country*	
Mode of transport entering Malawi*	<input type="checkbox"/> Bus <input type="checkbox"/> Air <input type="checkbox"/> Private car <input type="checkbox"/> Other:-----
Destination Village / Area	
Destination Traditional Authority	
Destination District in Malawi*	

Consent

- I _____ agree to the terms and conditions stipulated below:
- (a) to be screened and tested for COVID-19 upon arrival and during 14 days quarantine period in Malawi;
 - (b) to abide by the rules and regulations while waiting at the reception Centre for test results for 48 hours where applicable;
 - (c) to comply with the 14 days self-quarantine or isolation guidelines;
 - (d) to be followed-up by the health system during the 14 days quarantine/isolation period;
 - (e) to be traced through mobile phone locality information (GPS) during the 14 days quarantine period;
 - (f) to comply with the Malawi self quarantine/ isolation/care and treatment guidelines if I test COVID-19 positive;
 - (g) to be follow-up and traced by the health system if I test COVID-19 positive.

I AGREE TO THE TERMS OF CONSENT.

Date: _____ Signature: _____

I declare that the information above is true to the best of my knowledge.

Date: _____ Signature: _____

Witness Name _____ Position _____ Signature _____