

STATEMENT LETTER COVID-19

THE UNDERSIGNED (FIRST NAME AND LAST NAME) _____,

NATIONALITY _____, BORN IN _____ ON _____,

WITH PASSPORT/DOCUMENT NUMBER _____ ISSUED IN _____,

ON _____, RESIDENTIAL ADDRESS _____

DECLARES UNDER ITS OWN LIABILITY, PURSUANT TO THE REGULATION IN FORCE, AS FOLLOWS:

1. I am willing to comply with the Covid-19 health protocol that has been determined by the Indonesian government as stated in the administrative circular.
2. I am willing to be tested for **COVID-19** using the **RT-PCR** test method by the government health authorities at the border of the Republic of Indonesia in case my body temperature is above 37,5 degrees Celsius.
3. I am willing to be placed in a hospital for treatment at my own expense in case I get tested positive for COVID-19 by the government health authorities at the border of the Republic of Indonesia.

Date and Place : _____,

Legible signature of the declarant
