



The Government of the Bahamas
Ministry of Health
Application to Travel

Each person requesting permission to travel to The Bahamas is required to **submit a copy of this form and original COVID-19 RT-PCR test result to COVID19travel@bahamas.gov.bs.**

The anticipated time for processing is a minimum of **five (5)** working days. Please indicate if there are any special considerations that you may require.

Personal Information

Last Name	First Name		
Date of Birth (dd/mm/yyyy)	Gender	Male Female	Mode of travel:
Personal Email Address	Cell Number		
Occupation			
Present Home Address (include house number and street)	Country		
City/Settlement	Island/Province/State		

Travel Information

Travel Document Type (attach copy)	Travel Document Number		
Purpose for Travel:			
Port of Embarkation	Final Port/Destination		
Proposed Date of Travel (dd/mm/yyyy)	Proposed Carrier		
Name of Laboratory	Date of COVID Test (dd/mm/yyyy)		
Quarantine Facility	Self Quarantine Government Quarantine	For Self Quarantine, give information below:	

Destination Information

Home Telephone Number	Cell		
Address (include house number and street)	Island	Constituency	
Directions/Details			

Permanent Home Number

Permanent Cell

Address (include house number and street)

Island

Constituency

Directions/Details

Comments/Special Considerations:

I understand that Quarantine is the restriction of movements for persons who are well but may have been exposed to the coronavirus to see if they become ill (showing any flu-like symptoms). The application of Quarantine is for a period of 14-days and is subject to conditions outlined in the Quarantine Act and the Emergency Powers (Covid 19) Regulations Order, 2020. The agreed date of commencement of Quarantine will be determined and communicated by the Ministry of Health.

Initials

I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications.

Initials

I understand that answering untruthfully to any of the above questions may result in my being subject to a fine, imprisonment and/or both, as outlined by the Emergency Powers COVID-19 Order and amendments.

Initials

FOR OFFICIAL USE ONLY

Risk Assessment Level

	High	Medium	Low

Name

Signature

Date (dd/mm/yyyy)

RT PCR Test Result Valid?

Yes

No

Name

Signature

Date (dd/mm/yyyy)

Quarantine Facility

Self Quarantine

Government Quarantine

Name

Signature

Date (dd/mm/yyyy)

Approval Status

Reason For Non Approval

Date of notification (dd/mm/yyyy)