Islamic Republic of Iran
Ministry of Health
and Medical Education

Passenger Commitment Letter

الاسم اللقب المواليد
Name:..... Surname:..... Date of birth:.....
رقم الجواز ايميل
Passport No:..... E-Mail address:.....
عنوان السكن في إيران
Residence address in Iran:.....
رقم الهاتف في ايران
Phone number in Iran:.....

I hereby accept the following laid down by I.R.of Iran for containment of the coronavirus disease (Covid-19):

1. Arriving to the I.R of Iran airport, I will present my health certificate indicating result of molecular test (RT-PCR) for Covid-19, got at a maximum interval of 96 hours prior to arrival to Iran, to be negative.

2. I am informed that in case of presenting no health certificate at arrival, non-Iranian passengers will be returned to their flight destination and Iranian passengers will stay in the designated quarantine area immediately until the results of the molecular test are determined. If the test is positive, the passenger will stay in the quarantine for 14 days.

3. I undertake to fully cooperate with the airport health officials in the implementation of on-site screenings and health measures recommended by the Ministry of Health of the I.R of Iran.

4. I am aware that if I am suspected to COVID-19 upon arrival, even having health certificate indicating test negative for COVID-19 maximum 96 hours prior to the arrival, at the discretion of the airport health authorities I will be guided to the designated quarantine. The stay in quarantine will be until a negative COVID-19 laboratory result is obtained or for 14 days after arrival.

5. I am informed that all costs of quarantine and laboratory tests are borne by the passenger.

6. Regarding the future follow-ups for myself and my companions, I will fully cooperate with the representatives of the Ministry of Health, Treatment and Medical Education.

Date and signature
التاريخ والتوقيع

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