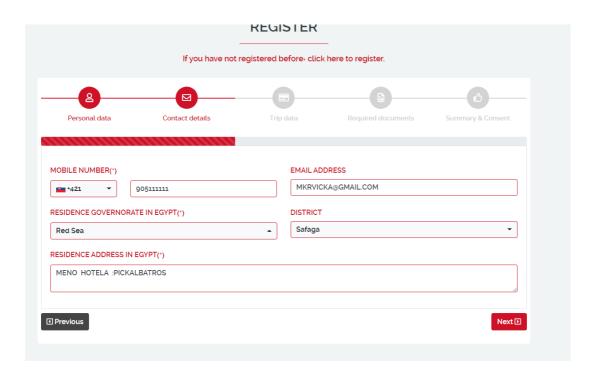
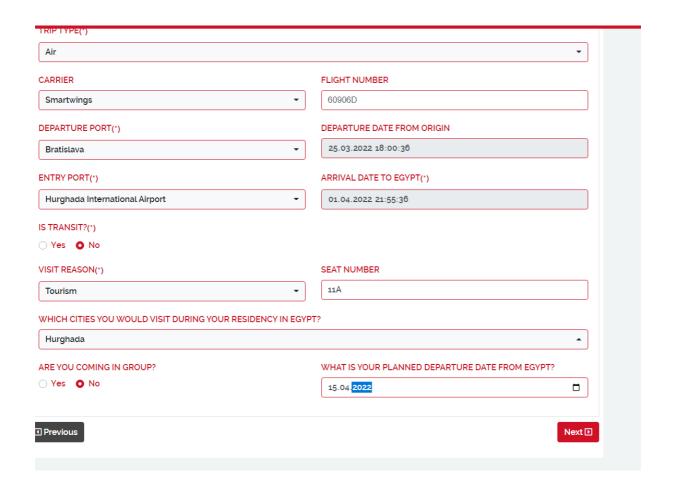
## 1.KROK

	If you have n	ot registered before: click	here to register.	
Personal data	Contact details	Trip data	Required documents S	ummary & Consent
RST NAME(*)	MIDD	LE NAME	SURNAME(*)	
RST NAME(*)  Jozko		<b>LE NAME</b> dle Name	SURNAME(*)  Mrkvicka	
	Mid			
Jozko	Mid	dle Name PORT NUMBER(")	Mrkvicka	
Jozko ATIONALITY(*)	PASS XX1:	dle Name PORT NUMBER(")	Mrkvicka  DATE OF BIRTH(*)	

# 2.KROK



### 3. KROK

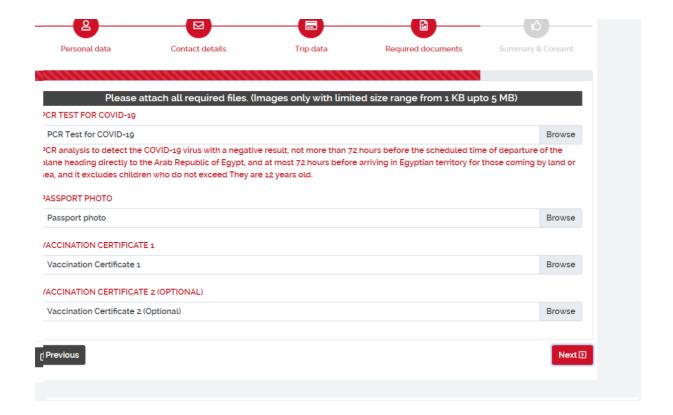


### 4.KROK

- Do 1 kolónky je potrebné nahrať potvrdenie o očkovaní alternatívne výsledok negatívneho RT-PCR testu alternatívne výsledok negatívneho antigénového testu
- Do 1 kolónky je potrebné nahrať fotku cestovného pasu
- Do 1 kolónky je potrebné nahrať potvrdenie o očkovaní (1. dávka)
- Do 1 kolónky je potrebné nahrať potvrdenie o očkovaní (2. a 3. dávka)

### **POZOR**

Všetky nahraté dokumenty musia byť menšie ako 5 Mb.



#### 4. KROK

• CELE ZHRNUTIE ZADAVANYCH UDAJOV SPOLU S NAHRATYMI FOTKAMI A NA KONIEC TREBA ESTE ZASKRTNUT "NO" a ZAFAJKNUT POSLEDNE 3 VETY.

DO YOU SUFFER FROM ANY SYMPTOMS SUCH AS HIGH TEMPERATURE - COUGH - SORE THROAT - SHORTNESS OF BREATH?(\*)

C Yes

No

HAVE YOU BEEN IN CONTACT WITH ANYONE WITH COVID-19 IN THE LAST 14 DAYS?(\*)

Yes

No

IF I FEEL ANY SYMPTOMS OF THE NEW CORONA DISEASE COVID-19, OR IF I CHANGE THE ADDRESS OR PHONE NUMBER MENTIONED ABOVE DURING MY STAY IN EGYPT, I WILL CALL 105.

I DECLARE THAT I HAVE READ AND UNDERSTOOD THE QUESTIONS ABOVE AND THEY HAVE BEEN ANSWERED HONESTLY AND THAT ALL THE INFORMATION I HAVE PROVIDED ABOVE IS CORRECT AND THAT I HAVE NOT BEEN DIAGNOSED RECENTLY WITH A DISEASE (CONTAGIOUS - EPIDEMIC) AND I HAVE NOT HAD CONTACT WITH ANYONE SUSPECTED OR TESTED POSITIVE FOR THIS DISEASE, AND I DID NOT SUFFER FROM ANY SYMPTOMS DURING THE PAST 14 DAYS

I AGREE TO THE SITE'S PRIVACY POLICY. THE PRIVACY POLICY CAN BE VIEWED THROUGH THE FOLLOWING LINK