



Document Number :

**APPLICATION OF TRAVELLER  
HEALTH QUARANTINE**

Date of Arrival : \_\_\_\_\_  
Name : \_\_\_\_\_  
Gender : \_\_\_\_\_  
Age : \_\_\_\_\_  
No. Passport / NIK : \_\_\_\_\_  
Nationality : \_\_\_\_\_  
Arrival From : \_\_\_\_\_  
Current Address In Indonesia : \_\_\_\_\_

No	DOCUMENT	REMARKS		
1	Download <b>PeduliLindungi</b> Application on your phone			
2	Certificate of Vaccination COVID-19 (Min 14 days before departure)	<b>Dose</b>	<b>Date</b>	<b>Type (√)</b>
		1		Sinovac, Pfizer, Moderna, AstraZeneca, J&J, Sinopham Others.....
		2		Sinovac, Pfizer, Moderna, AstraZeneca, J&J, Sinopham Others.....
		3		Sinovac, Pfizer, Moderna, AstraZeneca, J&J, Sinopham Others.....
3	Symptoms	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4	PCR result (2x24 hours before departure)			
5				

*for Travellers*