



# Yap Health Crisis Task Force

Yap State Government, Federated State of Micronesia 96943



## APPLICATION FOR CERTIFICATE OF QUALIFIED ENTRY

**Instructions:** Print, fill out legibly, and scan this form to Mr. Jesse Remalmog at [jremalmog@fsmhealth.fm](mailto:jremalmog@fsmhealth.fm), Charlene Laamtal at [claamtal@fsmhealth.fm](mailto:claamtal@fsmhealth.fm) and Florencio Ligmai at [fligmai@fsmhealth.fm](mailto:fligmai@fsmhealth.fm)

**NOTE:** Application requirements are subject to change as required, to effectively respond to the COVID-19 pandemic.

### PERSONAL INFORMATION

#### NAME ON CURRENT PASSPORT

Last Name:		How long have you been away from Yap? <ul style="list-style-type: none"> <li>• Yr.(s) _____</li> <li>• Month(s) _____</li> <li>• Other: _____</li> </ul>
First Name:		
Middle Name:		
Birth Date:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Reason for returning/coming: _____
Occupation:		Allergies/Other health concerns (If yes, specify): _____
Current Address:	Permanent Address:	_____
Phone number:	Email Address:	_____
Contact Name (in Yap):	Contact number (in Yap):	Check if: <input type="checkbox"/> Need wheelchair <input type="checkbox"/> Need stretcher <input type="checkbox"/> Have special diet <input type="checkbox"/> Other needs: _____

#### List the names and ages of family members/attendants traveling with you:

1. \_\_\_\_\_ Age \_\_\_\_\_
2. \_\_\_\_\_ Age \_\_\_\_\_ (Use back page if needed)
3. \_\_\_\_\_ Age \_\_\_\_\_
4. \_\_\_\_\_ Age \_\_\_\_\_

#### TRAVELER CATEGORY (CHECK ONE)

- Yap resident medical referral patient and/or attendant
- Yap resident, student completed studies abroad
- Health expert/technician assigned or requested to assist with COVID-19 preparedness and response
- FSM Citizen pelagic fishing vessel crew member
- Immediate family accompanying HR: relationship \_\_\_\_\_
- Diplomats and/or Consulate Staff
- Others: specify \_\_\_\_\_

#### ADDITIONAL QUESTIONS

- Have you ever been informed by health officials that you have COVID-19? Yes  No
- Have you ever been admitted to a hospital, isolated, and examined for COVID-19? Yes  No
- Has any health official contacted you at home and interviewed you for being exposed to a known COVID-19 case or contact of one? Yes  No

**REQUIRED ATTACHMENTS WITH THIS APPLICATION:**

1. Copy of Passport Biopage (picture-and-detail page)
2. Complete COVID-19 vaccination record (complete vaccination at least 2 weeks before arrival in Yap) including booster shot for those eligible.

**REQUIRED DOCUMENTS TO BE APPROVED BEFORE DEPARTURE TO YAP:**

1. Negative PCR COVID-19 test result no more than 72 hours prior to arrival in Yap
2. Quarantine Consent Form (will be provided)
3. Customs-Immigration-Quarantine Form (will be provided)

**SIGNATURE DISCLAIMER**

I, \_\_\_\_\_ certify that the information I provided above are true and complete to the best  
Print Name  
of my knowledge. Upon arrival in Yap, I understand that I will be subject to screening and minimum of 10 days mandatory quarantine and/or isolation procedures, as required by the protocols of the state of Yap. I understand that false and/or misleading information will result in automatic denial of this application and or legal action, if necessary, pursuant to FSM National Public Law 21-149.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_