



Date: ...../..... / .....

**AFFIDAVIT FOR THE HOSPITALITY SECTOR**

This **Affidavit** is established for the purposes of safeguarding public health. Therefore, in my capacity as guest, I hereby read and agree to these data:

First and last name .....Date of birth ...../ ..... / .....

ID card/Passport .....

Nationality..... Place of origin before arriving at the hotel (in case of being in several places in the last 14 days, include all of them in order

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**I hereby declare that: (YES/NO)**

- a) I have been abroad in the last 14 days.
- b) In the last 14 days I have had symptoms that could be associated with COVID 19 such as fever, cough or shortness of breath.
- c) I am aware that during the last 14 days I have been in contact (within a meter and a half/five feet) with people who have been confirmed to be infected with COVID 19.
- d) During the last 14 days I have visited a medical center or hospital as a consequence of symptoms that could be associated with COVID 19 and infection has been ruled out by doctors.
- e) I have reasons to suspect that I could be infected with COVID.
- f) I have arrived in the country from abroad after testing negative for SARS COVID 2 virus, and the test was performed within 72 hours before travelling to national territory in compliance with resolution 240/2020.
- g) I have medical coverage.

In addition, I agree to follow any COVID 19 protocol which may be given to me and which may include:

- a) A temperature control upon admission.
- b) Passing through a hygiene or sanitary station, as well as using alcohol or masks at the entrance of the hotel when indicated.
- c) If you have a fever and one or more respiratory symptoms (cough, sore throat or shortness of breath) or have been in contact with confirmed or potential cases of COVID-19 or have medical confirmation of having contracted COVID-19 as well as having had close contact with people at risk, the corresponding health services will be notified immediately and the isolation of the guests as well as their family group may be determined.



We hereby inform you that a breach of prescribed isolation measures constitutes a breach of the **current regulations Decree 93/020** for which we shall proceed to make the relevant complaint before competent health authorities.

The hotel reserves the right of expulsion according to Laws 19.120 and 14.106 in case of violation of the preceding regulations which are part of our internal standards, as well as the right to determine the interruption of services. We may provide you a room for temporary isolation purposes until health services take care of your situation, subject to availability for you and your family.

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*I hereby declare under oath:*

- a) that I have read and understood this affidavit and abide by the imposed measure.*
- b) that I will notify the hotel in case of experiencing any of the symptoms related to COVID 19.*
- c) that in case of being in quarantine or with COVID-19 symptoms I will not circulate through the hotel facilities and I will confine myself to the assigned room provided the hotel is able to meet such requirements.*
- d) that I will follow current regulations and directives indicated above, reporting or attending health services with the utmost precautions.*

*Signature:*