



This certifies the passenger named below is clear to fly to Cyprus.



NAME/SURNAME

ID/Passport: XXXXX

VACCINATED PASSENGER

Vaccination Country: **CYPRUS, REPUBLIC OF,**

Type: **Johnson & Johnson/Janssen Pharmaceuticals**

Last dose: **08-06-2021 (No: 1)**

EUDCC / DIGITAL CERTIFICATE

Flight Number: 558899

Date: 19-07-2021 09:08

Departing Country: Greece

CyprusFlightPass: CFP1546931

Personal Information

Name: NAME/SURNAME

Middle Initial:

Year of Birth: 2000

ID/Passport: XXXXX

Nationality Country: CYPRUS, REPUBLIC OF

Country of Birth: CYPRUS, REPUBLIC OF

Flight Information

Airline Name: PRIVATE

Flight Number: 558899

Seat Number:

Country of Departure: GREECE

Departure Date & Time (Country of Origin): 19-07-2021 09:08

Vaccination / Recovery Details

**Vaccine Type or Recovery Certificate: Johnson & Johnson/Janssen
Pharmaceuticals**

Vaccination Country or Certificate issuing country: CYPRUS, REPUBLIC OF

Date of 1st dose or Date of first POSITIVE test result: 08-06-2021

Contact Details

Mobile: 0035799XXXX

Other Phone:

Email: XXXXX@gmail.com

Emergency Contact

Name: COSTA COSTAS

Country/State: CYPRUS, REPUBLIC OF/LARNACA

Mobile: 0035799XXXX

Other Phone:

Email:

Solemn Declarations

YES I am fully aware of the risks, dangers and hazards connected to my flight and stay in the Republic of Cyprus, due to the COVID-19 pandemic. I assume and accept full responsibility for any risks of loss, harm, property damage or personal injury or death and I agree not to make claim and take proceedings against any person and/or any kind of businesses and/or authorized officers and /or the authorities of the Republic of Cyprus from any loss, liability, damages or costs that I may sustained and/or costs that I may incurred during my travel and stay to the Republic of Cyprus, as a result to COVID-19 and/or for any inconvenience I and/or they will be suffered, due to any precautionary measures applied during my trip and my stay in the Republic of Cyprus, for the purposes of protection of public health against COVID-19. This waiver of Liability, shall be binding to my family members and spouse and my heirs, assigns and personal representative, executors and successors.

YES Following my return to my country of permanent residence, or to the country to which I return following the completion of my trip to the Republic of Cyprus, I shall inform the Medical Services of the Republic of Cyprus in the case I have developed symptoms of COVID-19, within 14 days following my departure from the Republic of Cyprus (e-mail address for correspondence monada@mphs.moh.gov.cy).

YES I have not experienced one of the following symptoms – fever, cough, fatigue, headache, muscle or body aches, loss of taste or smell, shortness of breath or difficulty breathing, sore throat, congestion or runny nose, within the last 14 days or I have not been in close contact with a COVID-19 confirmed case.

YES I consent for possible COVID-19 sample testing, if requested, upon arrival to the Republic of Cyprus (Persons allowed to enter in the Republic of Cyprus under the Vienna Convention of 1961 and 1963 are exempted).

YES I declare subject to sanctions under the laws of the Republic of Cyprus that the facts and information I have provided, are complete, correct and true.