

SEZ 
MRU

Are you ready
to travel?

#staysafe

Pre-departure

Guests travelling from Seychelles to Sir Seewoosagur Ramgoolam International Airport

Please note that different requirements apply for vaccinated and unvaccinated travellers.
For more information please refer to www.mauritiusnow.com

Vaccinated Guests

All travellers (including children and infants) must present a negative PCR test taken within 72 hours from the point of embarkation

- Passengers must provide proof of vaccinations and must be fully vaccinated with a COVID-19 vaccine recognised by the Mauritian Authorities. If a second dose of a vaccine is required to be fully vaccinated, this must be administered at least 14 days before arrival. For the Johnson & Johnson vaccine, the single injection should be made within 28 days before arrival.
- Full opening of the island!
- Free to explore the island and its attractions throughout your holiday.

Exemptions

Passengers under 18 years of age are exempted from providing vaccination certificate if travelling with vaccinated adults.

Approved Vaccines

- ✓ Astra Zenecca (Covishield)
- ✓ Astra Zenecca Vaxzevria
- ✓ Covaxin
- ✓ Johnson & Johnson
- ✓ Moderna
- ✓ Pfizer
- ✓ Sinopharm
- ✓ Sputnik
- ✓ Sinovac CoronaVac

Unvaccinated Guests

- Unvaccinated travellers must present a negative PCR test taken 3-7 days from the last point of embarkation
- Travellers must provide proof of booking in an official quarantine hotel, including meals and transfers.
- You will be required to stay in your hotel room for 14 nights and meals will be delivered to your room.
- Depending on the length of your stay, you will have a PCR test on day 7 and day 14.
- After a negative PCR test on day 14, you can freely explore the island and move to new accommodation.

Incoming passengers to Mauritius must download and fill their Public Health COVID-19 Passenger Health Self-Declaration Form and Passenger Locator Form which must then be handed over to the Ministry of Health and Wellness counters upon their arrival.

Please check the requirements before you travel as the travel regulations change frequently.

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Onboard

- Passengers will be advised to board the aircraft by rows, in a specific numerical order, as per their assigned seat.
- Each passenger will undergo one temperature screening at the aircraft door before final boarding approval is given.
- Masks will be required for everyone (6 years and above).
- Blankets and pillows will be available.
- Streaming in-flight entertainment will be available on your own device.
- Meal service from SEZ-MRU is a snack box.
- Meal service from MRU-SEZ is a hot meal.
- Complimentary alcohol and hot drinks will be served.

Arrival in Mauritius

Upon landing, passengers will need to observe the health and safety measures set by the authorities.

- Passengers must present their completed Public Health Covid-19 Passenger Health Self-Declaration Form and Passenger Locator Form to the Ministry of Health and Wellness counter.
- Travellers may be subjected to medical screening.
- Face masks are mandatory.
- Observe social distancing and COVID-19 safety rules.

Measures taken

- Disinfecting surfaces after every flight.
- The cleaning process includes a wipe down of surfaces and areas such as windows, tray tables, armrests, seats, air vents and overhead lockers in the cabin, lavatories, galleys and crew rest areas.

Providing COVID-19 PCR test in Mauritius

Exit PCR testing can be arranged through your hotel representative.

PCR Testing Centre

- ✓ **SSRN Pamplemousses** (Public Hospital)
Powder Mill Street
Contact: 00230 209 3400
- ✓ **Dr AG Jeetoo Hospital** (Public Hospital)
Volcy Pougnet Street (ex-rue Madame)
00230 203 1001
- ✓ **Flacq Hospital** (Public Hospital)
Central Flacq
Contact: 00230 402 2400
- ✓ **Victoria Candos** (Public Hospital)
Candos Candos Vacoas Road, Quatre Bornes
Contact: 00230 425 7693
- ✓ **Jawaharlal Nehru** (Public Hospital)
M2, Rose Belle
Contact: 00230 603 7000
- ✓ **Nova LAB** (Private LAB)
Socota Phoenicia Sayed Hossen Street
Contact: 00230 660 1900
lims@novalab.mu
www.novalab.mu
- ✓ **Clinique Darne C-LAB** (Private Hospital)
Georges Guilbert Street Floreal
Contact: 00230 601 2300
clinic@c-care.mu
www.cliniquedarne.com/en/services/c-lab
- ✓ **Wellkin Hospital** (Private Hospital)
Royal Road Moka
Contact: 00230 605 1000
info@wellkinhospital.com
www.wellkinhospital.com/2020/04

PUBLIC HEALTH COVID-19 PASSENGER SELF DECLARATION FORM

Proposal – a health declaration to include on the reverse of the existing PLF.

PUBLIC HEALTH COVID-19 PASSENGER SELF DECLARATION FORM	
<p>Purpose of this form: This form is intended to support public health authorities by allowing arriving passengers to easily provide relevant information pertaining to their health status, particularly with regard to COVID-19. Information needs to be recorded by an adult member of the group or travel group. Notwithstanding completion of this form, a passenger might still be subjected to additional health screening by the Public Health Authority as part of a multi-layer prevention approach. Your information is intended to be held in accordance with applicable national laws and used only for public health purposes.</p>	
<p>1) Traveller Information:</p> <p>First Name(s): <input type="text"/></p> <p>Last Name(s): <input type="text"/></p> <p>Date of Birth (dd/mm/yyyy): <input type="text"/></p> <p>Travel document No. & issuing country: <input type="text"/> <input type="text"/></p> <p>Country of residence: <input type="text"/></p> <p>Port of Origin: <input type="text"/></p>	
<p>2) During the past 14 days, have you, or a member of your group travelling with you, had close contact (face-to-face contact for more than 15 minutes or direct physical contact) with someone who had symptoms suggestive of COVID-19? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>3) Have you, or any member of your group travelling with you, had any of the following symptoms during the past 14 days:</p> <p>Fever Yes <input type="checkbox"/> No <input type="checkbox"/> Shortness of breath Yes <input type="checkbox"/> No <input type="checkbox"/> Coughing Yes <input type="checkbox"/> No <input type="checkbox"/> Sudden loss of sense of taste or smell Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>4) Have you, or any member of your group travelling with you, had a positive COVID-19 test in the last 3 days? Yes <input type="checkbox"/> No <input type="checkbox"/> Please attach report if available</p>	
<p>5) Please indicate all countries and cities that you and the group travelling with you have visited or transited through in the last 14 days (including airports and ports), providing the dates of the visit. List the most recent country first.</p> <p>_____</p> <p>_____</p>	
<p><i>For more information on penalties related to the provision of false information on this form, please refer to the applicable national legislation and/or local health authorities.</i></p>	
<p>Signature: Date:</p>	

APPENDIX 13. PUBLIC HEALTH PASSENGER LOCATOR FORM

Public Health Passenger Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease on-board a flight. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. **Your information is intended to be held in accordance with applicable laws and used only for public health purposes.** *Thank you for helping us to protect your health.*

One form should be completed by an adult member of each family. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.

FLIGHT INFORMATION: 1. Airline name 2. Flight number 3. Seat number 4. Date of arrival (yyyy/mm/dd)

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PERSONAL INFORMATION: 5. Last (Family) Name 6. First (Given) Name 7. Middle Initial 8. Your sex

			Male <input type="checkbox"/> Female <input type="checkbox"/>
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PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.

9. Mobile 10. Business 11. Home 12. Other

13. Email address

PERMANENT ADDRESS: 14. Number and street (Separate number and street with blank box) 15. Apartment number

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16. City 17. State/Province

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18. Country 19. ZIP/Postal Code

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TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying.

20. Hotel name (if any) 21. Number and street (Separate number and street with blank box) 22. Apartment number

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23. City 24. State/Province

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25. Country 26. ZIP/Postal Code

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EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days.

27. Last (Family) Name 28. First (Given) Name 29. City

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30. Country 31. Email

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32. Mobile phone 33. Other phone

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34. TRAVEL COMPANIONS — FAMILY: Only include age if younger than 18 years.

	Last (Family) Name	First (Given) Name	Seat number	Age <18
(1)				
(2)				
(3)				
(4)				

35. TRAVEL COMPANIONS — NON-FAMILY: Also include name of group (if any).

	Last (Family) Name	First (Given) Name	Group (tour, team, business, other)
(1)			
(2)			

Note. — The Public Health Passenger Locator Form can be downloaded at:
<http://www.icao.int/safety/aviation-medicine/Pages/guidelines.aspx> or <http://www.capsca.org/CAPSCARefs.html>

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