

**Appendix 1**

**SOCIALIST REPUBLIC OF VIETNAM**

**Independence – Freedom – Happiness**

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**COVID-19 PREVENTION AND CONTROL COMMITMENT FORM**

To: -The National Steering Committee for COVID-19 Prevention and Control  
-Airline

My name is:.....

Sex:..... Date of birth:.....Phone number:.....

ID/Passport number:.....Date of issue:.....Place of issue:.....

Permanent residence:.....

Health certificates:

a) Certificate of COVID-19 vaccination:

+First shot: Type of vaccine:..... Date of vaccination:.....

+Second shot: Type of vaccine:..... Date of vaccination:.....

b) Certificate of recovery from COVID-19 by:.....

.....issued on:.....

c) Negative SARS-CoV-2 test result issued by .....on.....

I want to take the flight from .....to.....Flight number.....on.....

Place of residence on arrival (*specify house number/commune, ward/district, town/city*):.....

**I hereby commit to:**

- 1) Provide authentic health certificates and honest electronic declarations.
- 2) Strictly follow the 5K practice at departure, arrival airports and during the journey from the airport to the place of residence; wear a mask, sanitize hands and limit physical contact on board of the aircraft.
- 3) Travel directly from the airport to the place of residence mentioned above and immediately inform the place of residence’s local authorities. Make sure to monitor your health or self-isolate in compliance with the local’s regulations on COVID-19 prevention and control and always practice the 5K message; If showing any of these signs: cough, fever, difficulty breathing, sore throat, loss of taste or smell...immediately notify the health authority to monitor and implement the disease management procedures as per regulations.

- 4) Bear all costs related to COVID-19 prevention and control measures and requirements according to the published regulations of the local destination.
- 5) Strictly comply with local guidelines, regulations on COVID-19 prevention and control and take full responsibility before the law if these statements are not true.

Date.....Month.....Year.....

Applicant

*(Sign and write full name)*