

Director of Public Health Services  
Ministry of Health  
P.O.B 1176 Jerusalem 91010

[www.health.gov.il](http://www.health.gov.il)



Wednesday, April 01, 2020

**Subject: Declaration Form according to clause 3a-1 in the Emergency Regulations  
(Coronavirus – Restriction of Activities) 2020**

Full Name: \_\_\_\_\_

I.D. or Passport Number: \_\_\_\_\_

Workplace: \_\_\_\_\_

1. I hereby declare that I have checked my temperature today and it is not more than 38 degrees Celsius
  
2. I hereby declare that I do not have a cough / difficulty in breathing\*

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

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

\*Not including a cough or breathing difficulties resulting from a chronic illness such as asthma or allergies