



ΚΥΠΡΙΑΚΗ ΔΗΜΟΚΡΑΤΙΑ  
ΥΠΟΥΡΓΕΙΟ ΥΓΕΙΑΣ

ΙΑΤΡΙΚΕΣ ΥΠΗΡΕΣΙΕΣ ΚΑΙ  
ΥΠΗΡΕΣΙΕΣ ΔΗΜΟΣΙΑΣ ΥΓΕΙΑΣ  
1449 ΛΕΥΚΩΣΙΑ

**Application for the issuance of an absence Certificate for Public Health Reasons**

**Date of request\*:** .....  
(make sure the form is filled in and sent after the completion of the isolation period)

**Full Name\*:** .....

**Identification Number\* or Passport Number\*:** .....  
(attach a copy)

**Telephone Number\*:** .....

**E-mail/ Fax Number\*:** .....

**Name of confirmed case\*:** .....

**Telephone Number of confirmed case:** .....

**Date of last contact with confirmed case\*:** .....

**Date of first isolation day (quarantine)\*:** .....

**Date of last isolation day (quarantine)\*:** .....

**Relationship with confirmed case (note accordingly e.g. Colleague, Classmate etc)\*:** .....

**Any additional information concerning the contact:** .....

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**Date and time of Arival\*:** .....  
Attach copy of travel documents (boarding pass or travel ticket) that confirms the date of arrival to Cyprus.

**Signature\*:** .....

**\*Mandatory Fields**

*The application should be sent either by fax to 22771496 or via email to [cycornet1@cytanet.com.cy](mailto:cycornet1@cytanet.com.cy)*