**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:** …………………………

…………………………………………………………….…………………………....

**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*

[*cycomnet1@cytanet.com.cy*](mailto:cycomnet1@cytanet.com.cy)