



RETURNING RESIDENT APPLICATION FOR EXEMPTION OF QUARANTINE FEES

1. Last Name: _____ 2. First Name: _____

2. Date of Birth: ____/____/____ 4. Residential Address: _____

DD/MM/YYYY

3. Telephone Number: _____ 5. Email Address: _____

4. Intended date of travel into Saint Lucia: ____/____/____ 9. Flight Number: _____

DD/MM/YYYY

5. Reference number of your Travel Registration Form: _____

6. Please select applicable category: a. Returning Student b. Health care c. Forceful Repatriation

7. Are you employed: Yes No If yes, please state name and address of employer.

Should the Government agree to fund part of your expenses, how much of it can you fund? _____

Please specify reason for State Funded Assistance.

8. If you are approved for State Quarantine cost exemption, are you able to quarantine at home following the receipt of a Negative COVID-19 result at State Quarantine? Yes No

9. All applications will require supporting documents prior to approval. Please attach as applicable.

- Proof of medical care
- Letter of termination of employment (valid for three months only)
- Proof of completion of studies

I _____ hereby agree to the Government of Saint Lucia’s quarantine policy and acknowledge that a full 14-day period is observed.

I acknowledge that I must wear an Amber Solution watch and a BioIntelliSense sticker at a cost of EC\$260.00. These electronic devices will be rented for the period and will be mapped to my residential perimeters and will also monitor vital signs. I acknowledge that any breach of protocol can result in stringent penalties including charges preferred against me.

Signature: _____ Date: ____/____/____

FOR USE BY MINISTRY OF HEALTH AND WELLNESS

Approved: _____ Denied: _____ Date: ____/____/____

Reason for Denial: _____

Please email all applications and supporting documents to: mohcovidresponse@gmail.com A 7 day period is necessary for processing of applications.