



In accordance with Maltese Legislation, only certain travel to and from specific countries is allowed.

- For the countries below, you may travel to Malta as long as you have been living for at least 14 days only in one or more of these countries AND you have a negative PCR result taken within 72 hours of your arrival in Malta OR you have been fully vaccinated (received all applicable doses of a recognized vaccine 14 days before your date of arrival in Malta) and are in possession of an official vaccination certificate approved by the Superintendent of Public Health of Malta. Only Maltese vaccination certificates are recognised to date.  
**Andorra, Australia, Austria, Belgium, Bulgaria, Canada, China, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Jordan, Latvia, Lebanon, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Norway, Poland, Portugal, Romania, San Marino, Singapore, Slovakia, Slovenia, South Korea, Spain, Sweden, Switzerland, Turkey, United Arab Emirates, United States of America but only limited to the following states: Alaska, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Vatican City.**
- For the countries listed below, you may travel to Malta ONLY if you have been fully vaccinated (received all applicable doses of a recognized vaccine 14 days before your date of arrival in Malta) and are in possession of a Maltese Vaccination certificate OR if you have prior authorisation from the MALTESE health authorities for your travel.  
**Albania, Armenia, Azerbaijan, Belize, Bhutan, Bosnia and Herzegovina, Cuba, Egypt, Faroe Islands, Fiji, French Polynesia, Georgia, Iran, Jamaica, Kazakhstan, Kosovo, Libya, Moldova, Montenegro, North Macedonia, Panama, Qatar, Saudi Arabia, Serbia, Ukraine, United Kingdom, United States of America but only limited to the following states: Alabama, American Samoa, Arizona, Arkansas, Colorado, Federated States of Micronesia, Guam, Indiana, Kansas, Mississippi, Missouri, Montana, Nevada, Northern Mariana Islands, Oklahoma, Palau, Republic of Marshall Islands, Utah, Virgin Islands, Wyoming, and Vietnam.**
- For any other country, you may travel to Malta only if you have prior authorisation from the MALTESE health authorities for your travel and you follow the testing and quarantine protocol on arrival.

**Traveller information:**

**Travel document No. & country issuing**  
(ID Card Number for Maltese and Foreigners holding a Maltese residence permit.)

**Airport/Port of Origin:**

**Date of birth: (YYYY/MM/DD):**

Please list the countries you have spent time in in the last 14 days \_\_\_\_\_

**Please fill in the declaration that applies to your travel situation:**

I ..... hereby declare that I reside and/or have spent the last 14 days in any country or state including Malta, listed under point 1 above in accordance with Maltese legislation  
OR

I ..... hereby declare that I am fully vaccinated and am in possession of a Maltese vaccination certificate (This option CAN ONLY be selected if you have spent 14 days in a country included in point 2 above  
OR

I ..... hereby declare that I have prior authorisation from the Maltese health authorities for my travel and I have proof of authorisation that I can present on request

**Do you CURRENTLY have ANY of the following symptoms:**

Fever Yes  No  Shortness of Breath Yes  No  Diarrhoea/vomiting Yes  No   
Coughing Yes  No  Sudden loss of sense of taste or smell Yes  No

**Have you had a positive COVID-19 test in the last 14 days?** Yes  No

**Please note that a false declaration on arrival is considered a criminal offence.**

Signature ..... Date .....