



Royal Caribbean Group



How to Complete the SXM Electronic Health Authorization System (EHAS) Form

- Go to <https://stmaartenehas.com/application-form/>.
Read the Travel Requirements.
- Enter your **PERSONAL** and **TRAVEL INFORMATION**.
 - Please ensure you select **Air-Sea Travel** under **Travel method**.
 - Under **Country of embarkation**, select the country of departure of your last flight (e.g. if you are coming from Brazil but you are stopping over in the U.S., select U.S.)
 - Under **Are you Cruise Ship Crew?**, select **Yes**.
 - Fill in the following information
Arrival airline and flight number: (enter your last flight information)
Departure airline and flight number: (TBD)
Departure Port: St Maarten
City: Philipsburg
Name of the Marina: Philipsburg Cruise Terminal

Travel method

Air Travel Sea Travel Air-Sea Travel

Country of embarkation

select country of your last flight*

Arrival airline and flight number

Enter your last flight information

Port of embarkation

Departure airline and flight number

TBD

Transit stop only in Sint Maarten?

Yes No

BES-ZVK Referral

Yes No

If arriving by air will you be transported to the vessel directly?

Yes No

Are you Cruise Ship Crew?

Yes No

Departure port

St. Maarten

City

Philipsburg

Vessel name

Name of your ship

Name marina

Philipsburg Cruise Terminal

A MEMBER OF ROYAL CARIBBEAN GROUP





Royal Caribbean Group

After providing all the required information, scroll down and click **Next Step** at the bottom of the page.

Next Step

3. You will see the **PCR Test** page. Answer the health questionnaire and upload a copy of your negative RT-PCR test by clicking **Add File**.

<p>Have you been tested positive for Covid-19 in the past?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p>Have you been in contact with a person who tested positive for COVID-19 in the past 14 days?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p>Test Type</p> <p><input checked="" type="radio"/> rt-PCR <input type="radio"/> Antigen</p>
<p>rt-PCR test date</p> <p><input type="text" value="30-03-2021"/></p>	<p>Result PCR/Antigen test</p> <p><input type="radio"/> Positive <input checked="" type="radio"/> Negative</p>	<p>UPLOAD ORIGINAL PCR/ANTIGEN TEST. TEST DATE CANNOT BE OLDER THAN 120/48 HRS PRIOR TO DEPARTURE</p> <p><input type="button" value="+ Add File"/></p>
<p>Name of laboratory</p> <p><input type="text" value="Calabasas Medical Center"/></p>	<p>City where the PCR/Antigen test was administered</p> <p><input type="text" value="Calabasas"/></p>	<p>Country where the PCR/Antigen test was administered</p> <p><input type="text" value="United States"/></p>

IMPORTANT: As you progress through the application, if you are asked if you have proper health insurance coverage, please answer **Yes**.

Please note you are not required to purchase insurance. When travelling, if asked, Royal Caribbean Group crew members may present the Letter of Insurance (LOI) available on RCLCrewTravel. Vendors should be covered by their employers, please check with your employer if you have questions.

A MEMBER OF ROYAL CARIBBEAN GROUP

