

Public Health Passenger Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a flight. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes. ~*Thank you for helping us to protect your health.*

One form should be completed by an adult member of each family. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.

FLIGHT INFORMATION:										1. Airline name										2. Flight number										3. Seat number										4. Date of arrival (yyyy/mm/dd)									
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PERSONAL INFORMATION:										5. Last (Family) Name										6. First (Given) Name										7. Middle Initial										8. Your sex									
																																								Male <input type="checkbox"/> Female <input type="checkbox"/>									
9. Nationality										10. Date of birth (yyyy/mm/dd)										11. Personal number or ID number																													

PHONE NUMBER(S) where you can be reached if needed. Include country code and city code

12. Mobile		13. Business	
14. Home		15. Other	
16. Email			

PERMANENT ADDRESS:										17. Number and street (Separate number and street with blank box)										18. Apartment number									
19. City										20. State/Region/ Voivodeship										21. District/ Povi									
22. Commune										23. ZIP/Postal code										24. Country									

TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying

25. Hotel name (if any)										26. Number and street (Separate number and street with blank box)										27. Apartment/room number									
28. City										29. State/Region/ Voivodeship										30. District/ Povi									
31. Commune										32. ZIP/Postal code										33. Country									

EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days

34. Last (Family) Name										35. First (Given) Name										36. City									
37. Country										38. Email																			

39. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years

	Last (Family) Name	First (Given) Name	Seat number	Age <18
1)				
2)				
3)				
4)				

40. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)

	Last (Family) Name	First (Given) Name	Group (tour, team, business, other)
1)			
2)			
3)			

PUBLIC HEALTH COVID-19 PASSENGER SELF DECLARATION FORM

Proposal – a health declaration to include on the reverse of the existing PLF.

PUBLIC HEALTH COVID-19 PASSENGER SELF DECLARATION FORM											
<p>Purpose of this form:</p> <p>This form is intended to support public health authorities by allowing arriving passengers to easily provide relevant information pertaining to their health status, particularly with regard to COVID-19. Information needs to be recorded by an adult member of the group or travel group. Notwithstanding completion of this form, a passenger might still be subjected to additional health screening by the Public Health Authority as part of a multi-layer prevention approach. Your information is intended to be held in accordance with applicable national laws and used only for public health purposes.</p>											
<p>1) Traveller Information:</p> <p>First Name(s): <input style="width: 100%;" type="text"/></p> <p>Last Name(s): <input style="width: 100%;" type="text"/></p> <p>Date of Birth (dd/mm/yyyy): <input style="width: 20%;" type="text"/></p> <p>Travel document No. & issuing country: <input style="width: 40%;" type="text"/> <input style="width: 60%;" type="text"/></p> <p>Country of residence: <input style="width: 100%;" type="text"/></p> <p>Port of Origin: <input style="width: 100%;" type="text"/></p>											
<p>2) During the past 14 days, have you, or a member of your group travelling with you, had close contact (face-to-face contact for more than 15 minutes or direct physical contact) with someone who had symptoms suggestive of COVID-19? Yes <input type="checkbox"/> No <input type="checkbox"/></p>											
<p>3) Have you, or any member of your group travelling with you, had any of the following symptoms during the past 14 days:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Fever</td> <td style="width: 33%;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td style="width: 33%;">Shortness of breath</td> <td style="width: 33%;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Coughing</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Sudden loss of sense of taste or smell</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>				Fever	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shortness of breath	Yes <input type="checkbox"/> No <input type="checkbox"/>	Coughing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sudden loss of sense of taste or smell	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Coughing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sudden loss of sense of taste or smell	Yes <input type="checkbox"/> No <input type="checkbox"/>								
<p>4) Have you, or any member of your group travelling with you, had a positive COVID-19 test in the last 3 days? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please attach report if available</p>											
<p>5) Please indicate all countries and cities that you and the group travelling with you have visited or transited through in the last 14 days (including airports and ports), providing the dates of the visit. List the most recent country first.</p> <p>_____</p> <p>_____</p>											
<p><i>For more information on penalties related to the provision of false information on this form, please refer to the applicable national legislation and/or local health authorities.</i></p>											
<p>Signature:</p> <p>Date:</p>											