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)** 2 0

PERSONAL INFORMATION: **5. Last (Family) Name** **6. First (Given) Name** **7. Middle Initial** **8. Your sex** Male ☐ Female ☐

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

9. Mobile **10. Business**

11. Home **12. Other**

13. Email address

PERMANENT ADDRESS: **14. Number and street** ***(Separate number and street with blank box)*** **15. Apartment number**

16. City **17. State/Province**

18. Country **19. ZIP/Postal code**

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

20. Hotel name (if any) **21. Number and street** ***(Separate number and street with blank box)*** **22. Apartment number**

23. City **24. State/Province**

25. Country **26. ZIP/Postal code**

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

27. Last (Family) Name **28. First (Given) Name** **29. City**

30. Country **31. Email**

32. Mobile phone **33. Other phone**

34. 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)				

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

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

Data wydania: 20.02.2018

ATTACHMENT to State letter EC 6/3 - 20/90

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

Purpose of this form:

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.

1) Traveller Information:

First Name(s):

Last Name(s):

Date of Birth (dd/mm/yyyy):

Travel document No. & issuing country:

Country of residence:

Port of Origin:

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 ☐ No ☐

3) Have you, or any member of your group travelling with you, had any of the following symptoms during the past 14 days:

Fever	Yes ☐ No ☐	Shortness of breath	Yes ☐ No ☐
Coughing	Yes ☐ No ☐	Sudden loss of sense of taste or smell	Yes ☐ No ☐

4) Have you, or any member of your group travelling with you, had a positive COVID-19 test in the last 3 days? Yes ☐ No ☐

Please attach report if available

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.

_____

_____

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.

Signature:
Date: