



**PUBLIC HEALTH COVID-19 PASSENGER SELF DECLARATION FORM**

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

<b>PUBLIC HEALTH COVID-19 PASSENGER SELF DECLARATION FORM</b>	
<p><b>Purpose of this form:</b>                      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><b>1) Traveller Information:</b></p> <p>First Name(s): <input type="text"/></p> <p>Last Name(s): <input type="text"/></p> <p>Date of Birth (dd/mm/yyyy): <input type="text"/></p> <p>Travel document No. &amp; issuing country: <input type="text"/> <input type="text"/></p> <p>Country of residence: <input type="text"/></p> <p>Port of Origin: <input type="text"/></p>	
<p><b>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"/></b></p>	
<p><b>3) Have you, or any member of your group travelling with you, had any of the following symptoms during the past 14 days:</b></p> <p>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"/></p>	
<p><b>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"/></b>                      Please attach report if available</p>	
<p><b>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.</b></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><b>Signature:</b></p> <p><b>Date:</b></p>	