





#### NO COUNTRY LEFT BEHIND



## **Background**

- ☐ States are seeking passenger declarations regarding their health in order to reduce some risk that arriving passengers may be affected by COVID-19. However, approaches vary. Forms used and questions ask differ, causing confusion and logistical problems
- ☐ ICAO proposes a standard form for self-declaration.
- ☐ It should aid process harmonization, boosting passenger and State confidence and easing challenges related to different approaches being followed.



### CAO UNITING AVIATION

#### **NO COUNTRY LEFT BEHIND**



l ⊔	Public Health	h Passenger	Locator Fo	orm: To prot	ect your h	ealth, put	ilic health o	fficers need in health of	you to complete	this form whenever they you if you were exposed to
		ble disease.	t is importa	ant to fill out	his form	complete	y and accur	stely. Your	information is in	tended to be held in g us to protect your health.
One form si										ik boxes for spaces.
FLIGHT INF		1. Airline		an of com,	anny.		2. Flight n		Seat number	4. Date of arrival (yyyy/mm/dd)
			П			$\Box$		$\Box$		2 0
PERSONAL	INFORMATION	l: 5. Last (F	amily) Na	me	6. Fi	rst (Give	) Name		7. Mide	fle Initial 8. Your sex
						Ш	Ш		ш	Male Female
PHONE NUI	MBER(S) where	you can be	reached i	needed. Inc	dude cou			de.		
9. Mobile	ш		<u>Ш</u>	<u> </u>	Ш	10.1	lusiness	ш	<u> </u>	
11. Home		Ш	Ш		Ш	12.0	Other	Ш		
13. Email ac	idress	П	ПТ	ПП	П	П	П	ПП	$\Box\Box$	
PERMANEN	T ADDRESS:	14. Nur	nber and s	treet (Separ	ate num	ber and s	treet with	dank box)		15. Apartment number
						Ш		Ш		
16. City									17. State/P	rovince
18. Country	$\perp \perp \perp$		ш		Ш	ш	ш	ш	19, ZIP/Pos	eri erefe
10. Country			П		П	П	П	ТΠ	19. 207/700	la toue
TEMPORAR	Y ADDRESS: H		iritor writ	e columbs for	et olere	abere ve	u will be et			
20. Hotel no		journe							t with blank box	22. Apartment number
لليلا			Ш		Ш	Ш			ЩЦ,	шшш
23. City		ПП	П	ПТ	П	ТТ	ПТ	П	24. State/	Province
25. Country									26. ZIP/Po	stal code
				Ш		Ш		Ш		
	Y CONTACT IN	FORMATION	of some	ne who can				days		
27. Last (Fa	mily) Name				28. Fi	st (Giver	) Name	П	29. Gts	
30. Country		ш		ш	ш		31. Em	<u> </u>	шш	
			П					$\Box$		
32. Mobile	phone				33. Oti	er phon				1
Ш			Ш	Ш	Ш	Ш	Ш			
34. TRAVEL Last (Family	COMPANIONS Name	- FAMILY:	Only inclu	de age if you	inger tha		s Given) Na	ne		Seat number Age <18
(1)	TIT			Ш		П	П	ТП	$\Box\Box\Box$	
(2)					П	$\vdash$	$\Box$			╕╒╤╗╒
(3)	+++			111		Ħ	+++		++++	╡┝╫┪╞╬
(4)	+++		_	+++	H	$\vdash$	+++	111		┥╠╬
	COMPANIONS	- NON-FAN	MLY: Also	include nam	e of grou	p (if any				<u></u>
Last (Family							iven) Nam			Group (tour, team, business, other)
(1)	ш	Ш	Ш	Ш	Ш	$\perp$	Ш	Ш	ш	<u> </u>

relevant information permining to their beath status, speriodistry with regard to COVID-19. Information needs to be exceeded _information permining to the formation of the horizon. Information needs to be exceeded _information of the horizon. When the status of the horizon. The status of the horizon of the status of the horizon. The proposes.    Diraveller Information:	Purpose of this form:	rotten out to be	w 435 - 3007 - 30	DECLARATION FORM
1) Traveller Information:  First Name(i):  Lact Name(i):  Daried Slitth (did mm)yyyy):  Tavel document No. di insuing country.  Country of residence:  Country of residence:  Port of Origin:  Daring the past 14 days, have you, or a member of your family travelling with you, had as yof the following symptom of the past 14 days:  Yes   No    Yes   No    Yes   No    Sudden loss of some of trave round    Have you, or any member of your family travelling with you, had as yof the following symptom during the past 14 days:  Yes   No    Yes   No    Sudden loss of some of trave round    Have you, or any member of your family travelling with you, had a positive COVID-19 retain 10 death    Have you, or any member of your family travelling with you, had a positive COVID-19 test in 10 death    Have you, or any member of your family travelling with you, had a positive COVID-19 retain 10 death    Have you, or any member of your family travelling with you, had a positive COVID-19 retain 10 death    Have you, or any member of your family travelling with you, had a positive COVID-19 retain 10 death    Have you, or any member of your family travelling with you, had a positive COVID-19 retain 10 death    Have you, or any member of your family travelling with you, had a positive COVID-19 retain 10 death    Have you, or any member of your family travelling with you and positive COVID-19 retain 10 death    Have you, or any member of your family travelling with you and positive COVID-19 retain 10 death    Have you, or any member of your family travelling with you and positive COVID-19 retain 10 death    Have you, or any member and your family travelling with you had a positive COVID-19 retain 10 death    Have you, or any member and your family travelling with you had a positive COVID-19 retain 10 death    Have you, or any member and your family travelling with you had you had not yo	relevant information pertaining t Information needs to be recorded. Notwithstanding completion of the Public Health Authority as pa Your information is intended to	o their health status, p l a single adult memb his form, a passenger art of a multi-layer pr	articularly with er of each family might still be su evention approac	regard to COVID-19.  bjected to additional health screening b
Last Name(s):  Date of Birth (delum)777777:  Country of residence:  Pert of Origin:  2. During the past 1-d days, have you, or a member of your family travelling with you, had close contact (face-to-face context for more than 18 minutes or direct physical contact) with consecue who had cymptoms suggestive of COVID-19?  3. Have you, or any member of your family travelling with you, had close contact or any member of your family travelling with you, had any of the following symptom during the past 1-d days:  Force:  You Do Do  All Nov you, or any member of your family travelling with you, had a positive COVID-19 test in the last 1-d days;  All days:  Please stands hopped if evaluable  9. Please indicate all constrain or stand through in the 1st 1-d days; Confidence giveners and you have had a positive COVID-19 test in the last 1-d days;  Please stands hopped if evaluable  9. Please stands hopped if evaluable  9. Please indicate all constrain or diese that you and the family members travelling with you have visited or travelling with you have visited or travelling with you have the young the please with the visit. List the most recent country first. If you need more space, please use the back of the part with the please of the processing of false information on this form, please refer to [6]	100000	A		
Date of Birth (dd/mm)yyyy):             Travid document No. &       Travid may recommend the control of the co	First Name(s):	00000		00000000000
Travel decument No. 6.     Country of residence:	Last Name(s):	00000	0000	0000000000
Country of residence:    Poet of Origin:	Date of Birth (dd/mm/yyyy):	00000	000	
Country of residence:    Part of Origin:		00000	0000	00000000
2) During the past 14 days, have you, or a member of your family travelling with you, had close contact (face-to-face contact for more than 15 minutes or direct physical contact) with concessor who had opposition suggestive 4 √ 12 € 1 № 6 1  3) Have you, or any member of your family travelling with you, had any of the following symptom during the past 14 days:  Fore:  Yes C № 6 1  Sudden loss of sease of taste or small  Yes D № 6 1  Sudden loss of sease of taste or small  Yes D № 6 1  Have you, or any member of your family travelling with you, had a positive COVID-19 test in that 14 days;  Yes C № 6 1  Please statch report if available  9) Please indicate all countries and clies that you and the family members travelling with you have vicited or transited through in the 1st 14 days; Catching sizperts and ports), providing the day vicited or transited through in the 1st 14 days; Catching sizperts and ports), providing the day vicited or transited through in the 1st 14 days; Catching sizperts and ports), providing the day vicited or transited through in the 1st 14 days; Catching sizperts and ports), providing the day vicited or transited through in the 1st 14 days; Catching sizperts and ports), providing the day vicited or transited through in the 1st 14 days; Catching sizperts and ports), providing the day vicited or transited through in the 1st 14 days; Catching sizperts and ports), providing the day vicited or transited through in the 1st 14 days; Catching sizperts and ports), providing the day vicited or transited through in the 1st 14 days; Catching sizperts and ports), providing the day vicited or transited through in the 1st 14 days; Catching sizperts and ports), providing the day vicited or transited through in the 1st 14 days; Catching sizperts and ports), providing the day vicited or transited through in the 1st 14 days; Catching sizperts and ports), providing the day vicited or transition of the 1st	-	00000	0000	0000000000
close contact (face-to-face contact for more than 15 minutes or direct physical contact) with connece whe had my unbross suggestive COVID-19?  Yes □ No□  3) Have you, or any member of your family traveling with you, had any of the following symptom during the past 14 days:  Yes □ No□  Section Yes □ No□  Solden loss of sense of trase or small Yes □ No□  4) Have you, or any member of your family traveling with you, had a positive COVID-19 test in the lat 14 days?  Yes □ No□  4) Have you, or any member of your family travelling with you, had a positive COVID-19 test in the lat 14 days?  Yes □ No□  Flease statch regort if available  5) Please statch regort if available  5) Please indicate all countries and clies that you and the family members travelling with you have visited or traveling through the last 14 days (and gainest and ports), providing the dash the visit. List the most recent country first. If you need more space, please use the back of the part of the provision of plain information on this form, please refer to [9]	Port of Origin:			
Fever Yes C No C Coughing Yes C No C Coughing Yes C No C No C No Coughing Yes C No C N				
Stadden loss of seame of tester cannel. Yes C No C No C Not	Fever			
4) Have you, or any member of your family travelling with you, had a positive COVID-19 test in the lat 14 days?  Yes □ No □  Please stands report if evaluable  9) Please indicate all countries and cites that you and the family members travelling with you have visited or travelling with you have visited or travelling with the lat 14 days (nothing supers) and port), providing the date the visit. List the most recent country first. If you need more space, please use the back of the particular travelling with the provision of the information on this form, please refer to [6].  For more information on possibles related to the provision of files information on this form, please refer to [6].			Yes 🗆	No 🗆
hait 14 days?  Yes   No    Please inflicte all countries and cities that you and the family members travelling with you have visited or transited through in the last 14 days (actualing airports and ports), providing the date the visit. List the most recent country first. If you need more space, please use the back of the particular than the country first. If you need more space, please use the back of the particular than the country first of the particular than the country first of the particular than the provision of the information on this form, please refer to [6]	Sudden loss of sense of	taste or smell	Yes 🗆	No □
Please attach report if available  5) Please attach report if available  5) Please indicate all countries and cities that you and the family members travelling with you have visited or transited through in the last 14 days (unclosing airports and ports), providing the date the visit. List the most recent country first. If you need more space, please use the back of the pa  For more information on possibles related to the provision of false information on this form, please refer to [6]		er of your family tr	welling with yo	u, had a positive COVID-19 test in th
5) Please indicate all countries and clies that you and the family members travelling with you have visited or travelling with less 11 days (including airports and port), providing the date the visit. List the most recent country first. If you need more space, please use the back of the particular travelling to the provision of the provision of this information on this form, please refer to [6].	last 14 days?		Yes 🗆	No 🗆
visited or transited through in the last 14 days (actualing airports and ports), providing the dat the visit. List the most recent country first. If you need more space, please use the back of the pa	Please attach report if ava	ilable		
For more information on penalties related to the provision of false information on this form, please refer to [				
	the visit. List the most r	ecent country first.	f you need mor	e space, please use the back of the pa
national legislation] / [local health authorities].				

- Passenger Health
  Locator Form (PLF) the
  format for which is
  defined in ICAO Annex 9
  Appendix 13 and whose
  systemic use if
  recommended in the
  CART report.
- Can be printed *recto- verso* with the PLF

22 July 2020

### Use of the Form

- To be collected by public health authorities at arrival, with potential examination of information provided through the entry process. Potential to involve airports and airlines if feasible.
- Harmonization will facilitate distribution pre-departure and by industry.
- States to individually highlight any penalties associated with input of false information in separate notices.



# **Next Steps**

- Publication of the Form and dissemination after agreement
- CAPSCA to publicize use of the Form in bulletin to be published in coming weeks
- States may encode the questions within online portals or apps should they wish to do so



