Proposal – a health declaration to include on the reverse of the existing PLF, to be completed by a single adult on behalf of a travelling family

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 a single adult member of each family.
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 family 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 family travelling with you, had any of the following symptoms during the past 14 days:

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

4) Have you, or any member of your family travelling with you, had a positive COVID-19 test in the last 14 days?

Yes ☐ No ☐

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 (including airports and ports), providing the dates of the visit. List the most recent country first. If you need more space, please use the back of the page.

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_____
_____

For more information on penalties related to the provision of false information on this form, please refer to [the national legislation] / [local health authorities].

Signature:
Date: