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 familiy. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.

FLIG	HT IN	IFOR	MATI	ON.	1. Ai	rline	name	е												2.	Fligh	nt nun	nber	_	3.	Seat	numl	oer			4. D	ate of	arriv	al (yyyy/r	nm/c	ld)
PERS	SONA	L INI	FORN	IATIO	DN: 5	. Las	st (Fa	amily)	Nam	ne							6. Fi	irst ((Given)	Nan	ne								7.	Midd	lle Ini	itial		8. Y	ours	sex
																																		Mal	е	
PHOI	NE N	IMD	ED/C)	who	oro ve	NI COL	n ho	roach	od if	nood	od In	aluda	coun	truce	ndo a	nd cit	V 60/	do											_					Fen	nale	
9. M		UIVID	LN(3)	, wile	sie yc	Ju cai	li be	leacin	eu II	neeu	eu. III	Jude	Court	li y cc	de a	iu cii	y coc	ue.		10	0. Bu	ısines	iS									T				
11. H	-lome									1				l I]			1.	2. Ot	her				1						<u> </u>				
13. E				<u> </u>	<u> </u> 	<u> </u> 				1					<u> </u> 			_			Z. OI	IICI									<u> </u>	<u> </u>				
addre																															L					
PERI	MANE	NT A	ADDR	ESS:	14.	Nun	nber	and st	treet	(Sepa	arate	numb	er an	d stre	eet wi	th a l	olank	box	x)	1	1	1									1		15.	Apartme	ent n	umber
16. (City															1	17. \$	State/	Provii	nce	3															
18. (Count	ry	I					ı			I	I	I		I	I	1	_			ı	I	1		1	19. 7	ZIP/Po	ostal (code	1						
TEMI					If yo	u are	a vis	sitor, v	vrite	only t									numbe	r and	l etro	at with	hlan	ık hav	١								22	Apartme	nt n	ımher
20. 1	loter	iamic	, (ii di	·y)								21. 1	Vallib	Ci dii	u su c	.c. (S	Сраг	dic	Tidilibe	and	300	St with	Dian	IK DOX] '	22.	Apartino	111111	
23. (City.								<u> </u>		J													24. \$	Stato	/Drovi	inco]				
23. (Jily																							24. 3	State	PIOVI	lice									
25 (\																					J		2/ -	710/0		C- 4-				<u> </u>					
25. (Jouni	ry																						26. 2	(IP/P	ostai	Code									
EME	RGEN	ICA (CONT	ΔΟΤ	INFC	DRMΔ	ATIOI	N of so	ome	ne w	ho ca	n rea	ch vo	ıı dur	ina th	ne ne	vt 30	l dav	JS.			J														
27. L					IIVI C	ZI (IVI)	11101	1 01 3	omc	JIIC W	TIO CO	IIICa	cii yo	u uui					ven) Na	me			1					29. (City	1						
30. (Count	ry																		-	31.	Emai	I													
32. N	/lobile	pho	ne													33. (Other	r ph	one																	
34. T				ANIO	NS –	FAM	ILIY:	Only	inclu	de ag	je if yo	ounge	er thai	ո 18 չ	years																					
Last ((Fami	liy) N	ame																First	(Giv	en) N	lame									1	Sea	t nun	nber	A	ge <18
]	F			F	
(2)																															_	L				
(3)																																				
(4)																																				
35. T	RAV	EL O	OMP/	ANIO	NS –	NON	IFAN	/ILY: /	Also	includ	de nar	ne of	groui	o (if a	ny)					•	•	•	•		•	•	•	•		•					-	
Last					1					1		T	J 1	,	,,	ı		_	First	(Giv	en) N	lame		1				ı	1	Grou	IP (tou	ur, team,	busine:	ss, other)		
(1)																																				
(2)																			L																	

36. self-declaration

In context of the current novel Coronavirus outbreak (COVID-19) you have to give the following self-declaration for you and all your overleaf mentioned companions. If necessary a medical examination will follow after arrival. You are obliged to answer these questions before entering Germany.

1.	Do you or any of your overleaf mentioned companions suffer from any of the following symptoms feve cough or respiratory distress													
	AND													
	did you have contact to a confirmed case of novel Coronavirus disease (COVID-19) within the last 14 days?													
	YES NO													
2.	Do you or any of your overleaf mentioned companions suffer from any of the following symptoms fever, cough or respiratory distress													
	AND													
	did you have close household-like contact to a person from a risk area*) within the last 14 days?													
	YES NO													
3.	Do you or any of your overleaf mentioned companions suffer from any of the following symptoms fever, cough or respiratory distress													
	AND													
	did you stay in a risk area*) within the last 14 days?													
	YES NO													
*	Current risk areas are (as of February 13th 2020):													
	Chinese province Hubei including City of Wuhan and City of Wenzhou, Hangzhou, Ningbo, Taizhou province of Zhejiang)													