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** MALTA MEDAIR | **2. Flight number** 1441 | **3. Seat number** | **4. Date of arrival (yyyy/mm/dd)** 20

PERSONAL INFORMATION: **5. Last (Family) Name** NAZWISKO | **6. First (Given) Name** IMIĘ | **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 TELKOMÓRKOWY | **10. Business**

11. Home | **12. Other**

13. Email address ADRES EMAIL

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) LINK SCHOOL | **21. Number and street** ***(Separate number and street with blank box)*** 89/90 TRIQ IT-TIBEN | **22. Apartment number**

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

25. Country MALTA | **26. ZIP/Postal code** SWQ3034

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

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

30. Country | **31. Email**

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

34. FAMILY MEMBERS: Only include age if younger than 18 years

	Last (Family) Name	First (Given) Name	Seat number	Age <18
(1)				
(2)				
(3)				
(4)				

GOVERNMENT OF MALTA
OFFICE OF THE DEPUTY PRIME MINISTER
MINISTRY FOR HEALTH

PUBLIC HEALTH TRAVEL 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.
The personal data requested is being processed according to Article 27 (a) (i) of the Public Health Act, the General Data Protection Regulation (EU) 2016/679 and the Data Protection Act 2018.

In accordance with Maltese Legislation, only certain travel to and from specific countries is allowed. Such travel will be allowed only for persons who have been living for at least 14 days only in one or more of the below listed countries. Travel from a country not included in the list is not permitted unless you have spent the previous 14 days only in one or more of the countries listed below.
A list of the specific countries to/from which travel is allowed include: Andorra, Australia, Austria, Belgium, Bulgaria, Canada, China, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Indonesia, Ireland, Italy, Japan, Jordan, Latvia, Lebanon, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Morocco, Netherlands, New Zealand, Norway, Poland, Portugal, Romania, Rwanda, San Marino, Slovakia, Slovenia, South Korea, Spain, Sweden, Switzerland, Thailand, Tunisia, Turkey, United Arab Emirates, United Kingdom, Uruguay, Vatican City.

Traveller information:

Travel document No. & country issuing ☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐
(ID Card Number for Maltese nationals and foreigners holding a Maltese residence permit.)

Airport/Port of Origin: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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 ☐ Diarrhoea/vomiting Yes ☐ No ☐
Coughing Yes ☐ No ☐ Sudden loss of sense of taste or smell Yes ☐ No ☐

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 ☐

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 note that a false declaration on arrival is considered a criminal offence.

I hereby declare that I reside and/or have spent the last 14 days in any corridor country including Malta included in the list above in accordance with Maltese legislation.

Signature …….. Date …….