

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 2. Flight number 3. Seat number 4. Date of arrival (yyyy/mm/dd)

PERSONAL INFORMATION: 5. Last (Family) Name 6. First (Given) Name 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 10. Business
 11. Home 12. Other
 13. Email address

PERMANENT ADDRESS: 14. Number and street (Separate number and street with a 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) 21. Number and street (Separate number and street with blank box) 22. Apartment number
 23. City 24. State/Province
 25. Country 26. ZIP/Postal Code

EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days
 27. Last (Family) Name 28. First (Given) Name 29. City
 30. Country 31. Email
 32. Mobile phone 33. Other phone

34. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years

Last (Family) Name	First (Given) Name	Seat number	Age <18
(1) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(3) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(4) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

35. TRAVEL COMPANIONS – NON FAMILY: Also include name of group (if any)

Last (Family) Name	First (Given) Name	Group (tour, team, business, other)
(1) <input type="text"/>	<input type="text"/>	<input type="text"/>
(2) <input type="text"/>	<input type="text"/>	<input type="text"/>

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 fever, 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)