

Public Health Passenger Declaration Form

I, the undersigned and/or the legal representative for, I understand that I must advise Amelia International or my travel agent as soon as possible, and should on no account report to the airport for the flight, if any of the following statements apply:

I have been diagnosed with COVID-19 at any time during the 14 days prior to my flight. Yes No

I have had any of the COVID-19 relevant symptoms (fever; newly developed cough; loss of taste or smell; shortness of breath) at any time during the 8 days prior to my flight. Yes No

I have been in close contact (e.g. less than 2 meters for more than 15 minutes) with a person who has COVID-19 in the 14 days prior to my flight. Yes No

I am required by local or national regulations to be in quarantine for reasons related to COVID- 19 for a period that includes the date of the flight. Yes No

I understand that any of these circumstances will result in refusal to proceed with my travel. If I do not disclose this information to the airline and my circumstances are identified on site at the airport, I will personally assume the consequences.

Name and of the undersigned (*in case of legal representative, name of represented*):

Date and signature (*handwritten words "Read and Approved"*)

