	_		3	suspe a con	ect a	ealth com inical ice w	nmu ble c	nica lisea	ble c ase. I	dise It is	ase o	onbo ortai	ard nt to	a flig o fill o	ght. ` out t	Your his f	info	orma ı cor	atior nple	n wil etely	l hel and	p pu	blic	hea ely.	Ith (office or inf	ers t	o c	onta on is	act y s int	ou tend	if yo ded t	u w o b	ere e he	expc	sed	to		
One	fo.	rm s	sho	uld b	е с	этрі	ete	d by	ı an	adı	ılt m	eml	ber	of ed	ich f	fam	ily.	Prir	t in	сар	ital	(UP	PER	CAS	E) I	ette	rs. L	.ea	ve b	lan	k b	oxes	s fo	r sp	aces.			J	
FLIC	SHT	ΓINF	FOR	MA	ΓΙΟΙ	N:	1	. Ai	rline	na	me									2	2. Fli	ght	nun	nbe	r	3. S	eat	nur	nbe	r	4.	Date	e o	farr	ival	(ууу	y/m	m/c	(bb
																																2	0						
PER	so	NAL	. IN	ORI	MA	ΓΙΟΝ	: 5	i. La	st (F	am	nily)	Nan	ne				6. F	irst	(Gi	ven)	Na	me			_				7. IV	lidd	lle I	Initia	al	8. \	our/	sex			_
																												1		Γ				Ma	ale	□F	em	ale	
	\NIE	NIII	NAE	ED/S		here			n ha		acha	٦ :t		404	<u></u>	امريا	<u> </u>			ada.	224	oit»		<u> </u>												_			_
9. N			Γ	EN(S	, w		J			T	acrie	T		ueu.	T	T	7	unti	-	o. Bi		-	Γ	ie.	П		П				Τ		Т				Τ	1	
J. 14	100)iie	Ļ	<u> </u>	<u> </u>	$\frac{\perp}{}$	+	<u> </u>	+	+	<u> </u>	<u> </u>	<u> </u>	<u> </u>	+	<u> </u>	╣						Ļ	<u> </u>	_	<u> </u>	_				<u> </u>	+	+	+	+	+	<u> </u>	-	
11.	Ho	me	L														╛		13	2. O	ther	•	L																
13.	Em	ail a	dd	ress																																			
PER	MA	NEI	NT A	ADD	RES	S:		14.	Nun	nbe	er an	d st	reet	: (Se	par	ate	nun	ıbe	an	d str	reet	with	h bl	ank	bo	· · · · · · · · · · · · · · · · · · ·	_				_		1	15. /	\par	tme	nt n	umb	르 ber
														[Ĺ				Т			•	Γ		T	Ť		7
16.	City	v v																									1	⊥_ 7. S	tate	 e/Pi	 rovi	ince		L					L
																										1	Ē	T		-,		<u> </u>	Π						
18.	Col	untry]	 	9. 7	'IP/	Pos	tal	cod	<u> </u>						Ш
			<u>, </u>																							1	Ī	7. 2	<i>,</i> .	. 03			Τ	Τ		Π			П
	Hot	tel n		ADD le (if		S: If /)	you	are	e a v	isit	or, v			ly th												et w						vinc		22.	Apar	tme	nt n	uml	ber
	<u></u>																										Ļ		710	/D -									
<u>25.</u>	COL	untr	<u>у</u>																							1	Ĺ	<u>26.</u>	ZIP/	PO	stai	l cod	le	Т					\Box
																											L												
						T INI	FOR	MA	TIOI	V of	fson	neoi	ne v	vho (can		•			_			30 c	lays															
27. 	Las	t (Fa	ami	ly) N	lam	e 									\neg		8. F	irst	(Giv	/en)	Nar	me		$\overline{}$		Т	\neg	Γ Γ	29. (City				Τ	Т				
	\perp														╝													L											
30.	Cou	untry	<u>у</u>																		3:	1. Er	nail	<u> </u>	\top	_	_	Т	$\overline{}$					T					\neg
			<u> </u>																		L																		
32.	Mo	bile	ph	one												33	3. O	ther	pho	one	Т	<u> </u>	<u> </u>	Т	Т	Т	$\overline{}$	1	1										
						s: O	nly	incl	ude	age	e if y	oun	ger	than	18	yea	rs		- :	-1.10	-:	\ .		_									_			L	_		-10
Γ	(Fa	amıı	<u> </u>	Nam	e 													l	FIF	st (0	ive	n) N	amo	e 	Т	Τ	Т	Τ		Т	\neg		5	eat	num	ber	A [ge <	118
(1)						<u> </u>													닏	<u> </u>				<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	4	닉		ļ		_	╛	ļ	_	4
(2)																																					Į		
(3)																									T		T			Ī	Ī		Ī			Ī			
i				+							$\frac{1}{1}$							Ϊ	늗						$^{+}$	+	$^{+}$	$\frac{+}{1}$	${}$	$\overline{}$	ᅥ		i		$\overline{}$	╡	i	\exists	ヸ
(4)														1]																		Ш	Į		



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 Country
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 Coughing Yes No Coughin
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