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Passenger Health Declaration Form

Harmonizing passenger health self-declaration to support
aviation restart post COVID-19



Background

- States are seeking passenger declarations regarding their health in order to reduce some risk that arriving passengers may be affected by COVID-19. However, approaches vary. Forms used and questions asked differ, causing confusion and logistical problems
- ICAO proposes a standard form for self-declaration.
- It should aid process harmonization, boosting passenger and State confidence and easing challenges related to different approaches being followed.



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 NUMBERS 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 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)			
(2)			
(3)			
(4)			

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

Last (Family) Name	First (Given) Name	Group (tour, team, business, other)
(1)		
(2)		

Proposal – a health declaration to include on the reverse of the existing PLF, to be completed by a single adult on behalf of a travelling family

PUBLIC HEALTH COVID-19 PASSENGER SELF 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 per adult member of each family. 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. Your information is intended to be held in accordance with applicable national laws and used only for public health purposes.

1) Traveller Information:

First Name(s):
 Last Name(s):
 Date of Birth (dd/mm/yyyy):
 Travel document No. & issuing country:
 Country of residence:
 Port of Origin:

2) During the past 14 days, have you, or a member of your family 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

3) Have you, or any member of your family travelling with you, had any of the following symptoms during the past 14 days:

Fever	Yes <input type="checkbox"/> No <input type="checkbox"/>
Coughing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shortness of breath	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sudden loss of sense of taste or smell	Yes <input type="checkbox"/> No <input type="checkbox"/>

4) Have you, or any member of your family travelling with you, had a positive COVID-19 test in the last 14 days?
Yes No

Please attach report if available

5) Please indicate all countries and cities that you and the family members travelling with you have visited or transited through in the last 14 days (including airports and ports), providing the dates of the visit. List the most recent country first. If you need more space, please use the back of the page.

For more information on penalties related to the provision of false information on this form, please refer to (the national legislation) / (local health authorities).

Signature:
Date:

- Complementary to Passenger Health Locator Form (PLF) the format for which is defined in ICAO Annex 9 Appendix 13 and whose systemic use is recommended in the CART report.

- Can be printed *recto-verso* with the PLF



Use of the Form

- To be collected by public health authorities at arrival, with potential examination of information provided through the entry process. Potential to involve airports and airlines if feasible.
- Harmonization will facilitate distribution pre-departure and by industry.
- States to individually highlight any penalties associated with input of false information in separate notices.



Next Steps

- Publication of the Form and dissemination after agreement
- CAPSCA to publicize use of the Form in bulletin to be published in coming weeks
- States may encode the questions within online portals or apps should they wish to do so



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THANK YOU