



International
Civil Aviation
Organization

Organisation
de l'aviation civile
internationale

Organización
de Aviación Civil
Internacional

Международная
организация
гражданской
авиации

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国际民用
航空组织

Tel.: +1 514-954-8219 ext. 6141

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1 September 2020

Subject: Implementation of a Public Health COVID-19
Passenger Health Self-Declaration Form

Action required: a) Collect the standardized set of data
in the Public Health COVID-19 Passenger Health Self
Declaration Form in paper or digital format starting from
7 September 2020; and b) Notify ICAO of their
implementation of the Public Health COVID-19
Passenger Health Self Declaration Form

Sir/Madam,

I have the honour to inform you that the International Civil Aviation Organization has developed a “Public Health COVID-19 Passenger Self Declaration Form” in collaboration with experts of the Collaborative Arrangement for the Preventions and Management of Public Health Events in Civil Aviation (CAPSCA) and industry stakeholders.

This form is intended to support Member States who are now making efforts to safely and cautiously reopen borders for international air travel, especially when automated processes in the implementation of health surveillance measures are not available.

The “Public Health COVID-19 Passenger Self Declaration Form”, presented in the Attachment, is to be implemented complementary to the Passenger Health Locator Form (PLF), the format of which is defined in Appendix 13 of ICAO Annex 9 – *Facilitation* to the Convention on International Civil Aviation, and whose systematic use for contact tracing is recommended in the case of health outbreaks such as the COVID-19 pandemic.

This form has been developed to include a standardized set of data to collect all information required by health authorities in the context of the COVID-19 outbreak. It is proposed that this health declaration should be included on the reverse of the existing PLF in order to be completed by a single adult member of a group or travel group.

As an immediate action to assist in safe reopening of international borders, States are requested to collect the standardized set of data in the Public Health COVID-19 Passenger Health Self Declaration Form in paper or digital format starting from 7 September 2020.

States are strongly encouraged to collect the standardized set of data on the form in a digital format using any appropriate means, for use in more advanced environments and for easier processing and management.

States are also kindly requested to notify ICAO of their implementation of the Public Health COVID-19 Passenger Health Self Declaration Form through Narjess Abdennebi, Chief of the Facilitation Section of ICAO, either by email at fa1@icao.int, with a copy to icaohq@icao.int or by fax to: +1 (514) 954-6077.

Accept, Sir/Madam, the assurances of my highest consideration.

Fang Liu
Secretary General

Enclosure: *Public Health COVID-19 Passenger Self Declaration Form*

PUBLIC HEALTH COVID-19 PASSENGER SELF DECLARATION FORM

Proposal – a health declaration to include on the reverse of the existing PLF.

PUBLIC HEALTH COVID-19 PASSENGER SELF DECLARATION FORM	
<p>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. Your information is intended to be held in accordance with applicable national laws and used only for public health purposes.</p>	
<p>1) Traveller Information:</p> <p>First Name(s): <input type="text"/></p> <p>Last Name(s): <input type="text"/></p> <p>Date of Birth (dd/mm/yyyy): <input type="text"/></p> <p>Travel document No. & issuing country: <input type="text"/> <input type="text"/></p> <p>Country of residence: <input type="text"/></p> <p>Port of Origin: <input type="text"/></p>	
<p>2) 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 <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>3) Have you, or any member of your group travelling with you, had any of the following symptoms during the past 14 days:</p> <p>Fever Yes <input type="checkbox"/> No <input type="checkbox"/> Shortness of breath Yes <input type="checkbox"/> No <input type="checkbox"/> Coughing Yes <input type="checkbox"/> No <input type="checkbox"/> Sudden loss of sense of taste or smell Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>4) Have you, or any member of your group travelling with you, had a positive COVID-19 test in the last 3 days? Yes <input type="checkbox"/> No <input type="checkbox"/> Please attach report if available</p>	
<p>5) Please indicate all countries and cities that you and the group 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.</p> <p>_____</p> <p>_____</p>	
<p><i>For more information on penalties related to the provision of false information on this form, please refer to the applicable national legislation and/or local health authorities.</i></p>	
<p>Signature: Date:</p>	