



Health Declaration Form

Passenger Health Declaration

You are required to keep this Health Declaration Form with you for verification purposes during travel and on arrival. You need to present this declaration when boarding the aircraft, or when requested to do so by airport staff or the designated airport medical authority.

The information provided by you may be used by the public health authorities, in accordance with Dutch legislation and in the context of the public health response to COVID-19. Every traveller aged 13 and above is required to complete this form.

1 The following questions must be answered with “yes” or “no”

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|-----|--|------------------------------|-----------------------------|
| 1.1 | Do you (or the person for whom you are completing this form) currently have symptoms of, or have you been diagnosed with, pneumonia or coronavirus disease (COVID-19)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.2 | In the past 10 days, have you (or the person for whom you are completing this form) been in contact with someone who is or could be infected with coronavirus? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.3 | In the past 24 hours, have you (or the person for whom you are completing this form) had any of the following symptoms: | | |
| | Fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Runny nose | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Sore throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Shortness of breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered ‘yes’ to any of the questions above, you are not allowed to board the aircraft, in accordance with the contract of carriage.

2 Passenger informations

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|-----|---------------|---|--|--|--|--|--|--|--|--|--|--|
| 2.1 | Flight number | | | | | | | | | | | |
| 2.2 | Seat number | | | | | | | | | | | |
| 2.3 | Surname | | | | | | | | | | | |
| 2.4 | Date of birth | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | |

3 Signature

Completed truthfully on

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|-----------|------|---|--|--|--|--|--|--|--|--|--|--|
| 3.1 | Date | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | |
| 3.2 | Time | | | | | | | | | | | |
| Signature | | | | | | | | | | | | |