

# EU Digital Passenger Locator Form (dPLF)

# **Personal Information**

Last (family) name - First (given) name

**ŻADKOWSKI MICHAŁ** 

**Mobile Phone Number** 

+48501288335

Other Telephone

Number

Sex / Date of Birth

Male / 1979-03-20

**Email Address** 

michalzadkowski@gmai

l.com

**Submitted** 



Date Submitted 2022-02-19

**Boarding Country**/ **Place**Poland/PL

# Passport

ES5220548

# Transportation Information: Aircraft Flight Information

Airline Name

RYAN AIR

Date/Time of

**Boarding/Embarkation** 

2022-02-20 11:00 Europe/Warsa

w (UTC+01:00)

**Destination Country** 

Malta/MT

**Flight Number** 

FR5208

**Date/time of Arrival** 

2022-02-20 14:15 Europe/Malta

(UTC+01:00)

**Seat Number** 

1C

City

Gdynia

**Final Destination Airport** 

Malta International Airport/LMML

#### **Boarding Airport**

Gdansk Lech Walesa-Rebiechow

o/EPGD

### **Permanent Address**

Country

Poland/PL

Street (Name, Number, ZIP)

**REJA 5 81441** 

State / Province

Pomorskie/PM

**Apartment Number / Cabin** 

Number

7



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## Temporary Address(es) in visiting Country

#### **Temporary Address 1**

Country State / Province City

Malta/MT San Giljan/48

Street (Name, Number, ZIP) Hotel Name / Name of Vessel Apartment Number / Cabin

ROSS STREET STJ3240 ALLEGRO HOTEL Number

#### **Emergency Contact Information**

Last (family) name First (given) name Country / City

FORMAŃSKA-ŻADKOWSKA MONIKA Poland/PL / Gdynia

Mobile Phone Number Other Telephone Number Email Address

+48501726263 monika.formanska@gmail.com

### **Health Declaration**

Health Declaration

Which countries have you spent <a href="Is ANY country in Dark Red List?">Is ANY country in Dark Red List?</a> Select Age:

the last 14 days in ?

No 12 years and above

Poland/PL

Have you been fully vaccinated Vaccine Certificate (received all applicable doses of a recognized vaccine 14 days

(received all applicable doses of a recognized vaccine 14 days before your date of arrival in Malta) and are in possession of a vaccination certificate approved by the Superintendent of Public Health of Malta?

Yes

Do you CURRENTLY have ANY of the following symptoms: Fever, shortness of breath, sore throat, runny nose, sudden loss of sense of taste or smell, diarrhoea, vomiting?

No



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If you are currently in quarantine or isolation, on the day of travel do you still expect to be in quarantine or in self-isolation?

No

Have you had a positive COVID-19 test in the last 14 days?

No