

DRIVER FORM

Number

(to be completed by Border Guard)

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To protect your health and health of passengers, due to Coronavirus disease, public health officers kindly ask you to complete this form. 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 and health of passengers.

TRAVEL DATA

	Address (country, state/province, city, street, number, type e.g. station):	Date and time (YYYY/MM/DD HH):
From		
To		

COMPANY / BUS OWNER DATA

Company name/ owner - first name, last name:	
REGON number/ PESEL number/ country, in the case of foreign company:	
Contact telephone number:	
Contact email address:	
Car registration number:	

DRIVER DATA

First name, last name:	
PESEL number/identity document reference number:	
Address of residence (country, state/province, city, street, number, postal code):	
Contact telephone number (mobile phone if possible, you can give more than one):	
Contact email address:	
Temporary address, if you are a visitor (country, state/province, city, street, number, postal code, name of the hotel):	
Person for emergency contact (first name, last name, contact telephone number, mobile phone if possible):	