

PASSENGER FORM

i

To protect your health, 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.

In the case of children, this form is to be completed by adults.

Thank You for helping us to protect your health

First name, last name:	
PESEL number/identity document's 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):	