

## Passenger Locator Card

**Public Health Passenger Locator Form:** To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a flight. 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~

One form should be completed by an adult member of each family.

### FLIGHT INFORMATION:

Airline name:	Smartlynx Airlines
Flight Number:	
Seat Number:	
Date of arrival:	

### PERSONAL INFORMATION:

Last (Family) Name	
First (Given) Name	
E-mail address	
Personal Mobile phone number	

### CHILDREN (UNDER 13 Y.O.) TRAVELLING WITH YOU:

Name and Surname


Date

Signature