



**Public Health  
England**

Protecting and improving the nation's health

**You will be aware of the outbreak of a new Coronavirus disease – COVID-19. To assist UK Public Health Authorities, please can you make yourself known to your cabin crew if you are experiencing any of the following:**

- **Cough**
- **Fever**
- **Shortness of breath**

**All passengers on this flight are required to self-isolate for 14 days as soon as you arrive at your destination in the UK. Please stay indoors. If you develop symptoms within 14 days, call the NHS helpline (Dial: 111).**

**It is essential that the forms you have been asked to complete are filled out accurately and in full. They will be kept safe and Public Health England colleagues will be in touch, whilst you are self-isolating, in order to ensure that you remain well and to provide further advice if you need it.**

**Please ensure that if you develop any of the symptoms above, you call the NHS helpline (Dial: 111) immediately.**

# Health Assurance and Public Health Passenger Locator form

I confirm I am currently well and do not have any of the following symptoms- fever, shortness of breath, cough.

I confirm I have received the information leaflet, have read and understood the information contained in it about symptoms and what to do if I develop them.

Signature

Date

Print Name

**If you are remaining in England after disembarkation of this flight, please complete the Passenger Locator form on Page 2**

If you are joining a connecting flight, please complete the following details:

Flight from.....

To.....

Flight number.....

Date .....

Time.....

**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. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.*

**FLIGHT INFORMATION:** 1. Airline name  2. Flight number  3. Seat number  4. Date of arrival (yyyy/mm/dd)  2  0

**PERSONAL INFORMATION:** 5. Last (Family) Name  6. First (Given) Name  7. Middle Initial  8. Your sex Male  Female

**PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.**

9. Mobile  10. Business

11. Home  12. Other

13. Email address

**PERMANENT ADDRESS:** 14. Number and street (Separate number and street with blank box )  15. Apartment number

16. City  17. State/Province

18. Country  19. ZIP/Postal code

**TEMPORARY ADDRESS:** If you are a visitor, write only the first place where you will be staying.

20. Hotel name (if any)  21. Number and street (Separate number and street with blank box )  22. Apartment number

23. City  24. State/Province

25. Country  26. ZIP/Postal code

**EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days**

27. Last (Family) Name  28. First (Given) Name  29. City

30. Country  31. Email

32. Mobile phone  33. Other phone

**34. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years**

|     | Last (Family) Name   | First (Given) Name   | Seat number          | Age <18              |
|-----|----------------------|----------------------|----------------------|----------------------|
| (1) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (2) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (3) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (4) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**35. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)**

|     | Last (Family) Name   | First (Given) Name   | Group (tour, team, business, other) |
|-----|----------------------|----------------------|-------------------------------------|
| (1) | <input type="text"/> | <input type="text"/> | <input type="text"/>                |
| (2) | <input type="text"/> | <input type="text"/> | <input type="text"/>                |