

## Notification of Health Status

I understand that I must advise Arcus-Air GmbH & Co. KG as soon as possible, and should on no account report to the airport for the flight, if any of the following statements apply:

- I have been diagnosed with COVID-19 at any time during the 14 days prior to my flight.
- I have had any of the COVID-19 relevant symptoms (fever; newly developed cough; loss of taste or smell; shortness of breath) at any time during the 8 days prior to my flight.
- I have been in close contact (e.g. less than 2 metres for more than 15 minutes) with a person who has COVID-19 in the 14 days prior to my flight.
- I am required by local or national regulations to be in quarantine for reasons related to COVID - 19 for a period that includes the date of the flight.

I understand that any of these circumstances will result in refusal to proceed with my travel if I do not disclose this information to the airline before arrival at the airport and my circumstances are identified on site at the airport.

DATE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**PUBLIC HEALTH PASSENGER LOCATOR FORM**
**EN**

**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)

**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 a 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 (sur, team, business, other)
(1) <input type="text"/>	<input type="text"/>	<input type="text"/>
(2) <input type="text"/>	<input type="text"/>	<input type="text"/>