

Your safe flight with Arcus Air

Dear customer,

In times of the Covid-19 Arcus Air Group guarantees the highest health and safety standards.

We want to make your stay with us on board as pleasant and safe as possible, even in this situation. We have taken various precautionary measures to best protect you and our crew members and the employees on the ground from health risks.

Arcus-Air meets all the requirements and recommendations of the National Aviation Authority (LBA) and the European Aviation Safety Authority (EASA).

Travelling in utmost safety with additional measures

We have set up a wide range of additional service measures to keep you safe on board like disinfection of each aircraft after every passenger flight, mouth and nose masks for the crew before and after the flight, additional safety rules for the crew etc.

Please read our detailed presentation (attached) about our safety precautions for you on board. You too can help protect against infection by following the general and common recommendations.

We ask for your understanding that we can only transport people who are explicitly named in the passenger list and for whom we do have also all necessary data, which has to be available for us before your flight. Unregistered persons cannot be carried, as this can lead to considerable delays and flight cancellations. At the destination, entry may even be refused for this person

Please do fill out the attached documents

- Notification of Health Status (Completed by every travel person)
- Public Health Passenger Locator Form (Completed by the main traveller)

These documents have to be available to us before your flight and you must carry it in original during your journey.

We thank you very much for your understanding and wish you a wonderful experience in our unique Phenom-100!

If you have any further questions or inquiries do not hesitate to contact us at any time!

With kind regards,
Arcus-Air GmbH & Co. KG

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, teen, business, other)
(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>

SIGNATURE: _____