



## PUBLIC HEALTH TRAVEL DECLARATION FORM

### Purpose of this form:

This form is intended to support public health authorities by allowing arriving passengers to easily provide relevant information pertaining to their health status, particularly with regard to COVID-19. Information needs to be recorded by an adult member of the group or travel group.

Notwithstanding completion of this form, a passenger might still be subjected to additional health screening by the Public Health Authority as part of a multi-layer prevention approach.

The personal data requested is being processed according to Article 27 (a) (i) of the Public Health Act, the General Data Protection Regulation (EU) 2016/679 and the Data Protection Act 2018.

In accordance with Maltese Legislation, only certain travel to and from specific countries is allowed. Such travel will be allowed only for persons who have been living for at least 14 days only in one or more of the below listed countries. Travel from a country not included in the list is not permitted unless you have spent the previous 14 days only in one or more of the countries listed below.

**A list of the specific countries to/from which travel is allowed include:** Andorra, Australia, Austria, Belgium, Bulgaria, Canada, China, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Indonesia, Ireland, Italy, Japan, Jordan, Latvia, Lebanon, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Morocco, Netherlands, New Zealand, Norway, Poland, Portugal, Romania, Rwanda, San Marino, Slovakia, Slovenia, South Korea, Spain, Sweden, Switzerland, Thailand, Tunisia, Turkey, United Arab Emirates, United Kingdom, Uruguay, Vatican City.

### All persons travelling to Malta:

The Superintendence of Public Health requires that all persons travelling to Malta complete the Public Health Travel Declaration and the Passenger Locator Forms which can be downloaded from <https://www.maltairport.com/declarationforms>. Both completed forms are to be handed over by the Passenger to Health Officials on arrival at Malta International Airport if travelling by air or, in the case of Sea Passengers arriving from Sicily, to the Virtu Ferries crew at the check-in counter, prior departure from Pozzallo, Sicily. **A**

**False declaration on arrival will be considered a criminal offence.**

### Traveller information:

Last Name(s):

First Name(s):

Date of Birth (dd/mm/yyyy):

Travel document No. & country issuing:

Mobile (including prefix):

Email address:

Permanent Address:

Airport/Port of Origin:



**If you have not spent the last 14 days in any one of the countries included in the list above, kindly contact the airline staff at one of the check-in desks immediately.**

I ..... hereby declare that I reside and/or have spent the last 14 days in any corridor country including Malta included in the list above in accordance with Maltese legislation.

**Information of any family members travelling with you who are under 16 years:**

**First Name:** ..... **Last (Family) Name:** .....

**Passport Number:** ..... **Age:** .....

**First Name:** ..... **Last (Family) Name:** .....

**Passport Number:** ..... **Age:** .....

**If any of the above-mentioned family members have not spent the last 14 days in one of the countries included in the list above, kindly contact the airline staff at one of the check-in desks immediately.**

I ....., on behalf of all the family members mentioned above, declare that they resided and/or have spent the last 14 days in any corridor country including Malta included in the list above in accordance with Maltese Legislation.

**Have you, or any member of your group travelling with you, had any of the following symptoms during the past 14 days:**

Fever Yes  No  Shortness of Breath Yes  No  Diarrhoea/vomiting Yes  No  Coughing  
Yes  No  | Sudden loss of sense of taste or smell Yes  No

**During the past 14 days, have you, or a member of your group travelling with you, had close contact (face-to-face contact for more than 15 minutes or direct physical contact) with someone who had symptoms suggestive of COVID-19?**

Yes  No

**Have you, or any member of your group travelling with you, had a positive COVID-19 test in the last 3 days? Yes  No**

**Please note that a false declaration on arrival is considered a criminal offence.**

Signature ..... Date .....