

## PUBLIC HEALTH PASSENGER LOCATOR FORM

SECTION 1: PASSENGER INFORMATION		
1.	<p><b>Passenger name</b></p> <p>(As written in passport)</p>	<p>Last name: _____</p> <p>First name: _____</p>
2.	<b>Date of birth (dd/mm/yyyy)</b>	<p>____/____/____</p>
3.	<b>Travel document</b>	<p><b>No.</b> _____</p>
4.	<b>Gender</b>	<p>Male <input type="checkbox"/>      Female <input type="checkbox"/></p>
5.	<b>Contact information</b>	<p>Mobile number: _____</p> <p>Email: _____</p>
6.	<p><b>Country of origin</b></p> <p>(where are you traveling from?)</p>	<p>_____</p> <p>/ _____</p> <p style="text-align: center;"><b>Country</b></p> <p style="text-align: center;"><b>STATE / Province</b></p>
7.	<b>Occupation</b>	

SECTION 2: HEALTH DECLARATION

1.	<b>Are you transiting or arriving?</b>	<input type="checkbox"/> Transiting  <input type="checkbox"/> Arriving
2.	<b>Please attach the negative PCR COVID-19 test certificate for the test taken 72 hours prior to departure</b>	Attach the certificate.....
3.	<b>Were you residing in any containment zone?</b>	<input type="checkbox"/> YES If Yes, Where? .....  <input type="checkbox"/> NO
4.	<b>Were you under quarantine?</b>	<input type="checkbox"/> YES If Yes, Where? .....  <input type="checkbox"/> NO
5.	<b>Have you travelled in any country in last 14 days?</b>	<input type="checkbox"/> YES If Yes, Where? .....

		<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p><input type="checkbox"/> NO</p>
6.	<b>Do you have any dependents coming with you?</b>	If yes, Sections will open to fill the dependant's information including the PCR COVID-19 certificate
7.	<b>Designated hotel for 24 hours</b> (Please fill the confirmed hotel booking)	Hotel: _____  <b>Hotel name</b>

		<hr/> <p style="text-align: center;"><b>Address</b></p> <hr/> <p style="text-align: center;"><b>Phone Contact</b></p>
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**DISCLAIMERS**

1. If I develop any COVID-19 symptoms I shall contact the concerned health authorities. immediately. (Toll free: 114)

AGREE

2. I understand that if I undertake the air journey without meeting the eligibility criteria, I would be liable to penal action.

AGREE

3. I undertake to adhere to the health protocol prescribed by the Rwanda Ministry of Health.

AGREE

**BY SUBMITTING, I ACKNOWLEDGE THAT I UNDERSTAND THE INFORMATION ABOVE, I HAVE TRUTHFULLY FILLED THE FORM MYSELF TO THE BEST OF MY KNOWLEDGE.**