

PUBLIC HEALTH PASSENGER LOCATOR FORM

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

SECTION 2: HEALTH DECLARATION

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

5.	<p>Have you travelled in any country in last 14 days?</p>	<p><input type="checkbox"/> YES</p> <p>If Yes, Where?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p><input type="checkbox"/> NO</p>
6.	<p>Do you have any dependents coming with you?</p>	<p>If yes, Sections will open to fill the dependant's information including the PCR COVID-19 certificate</p>
7.	<p>Designated hotel for 24 hours</p> <p>(Please fill the confirmed hotel booking)</p>	<p>Hotel: _____</p> <p style="text-align: center;">Hotel name</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Address</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Phone Contact</p>

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.