


Public Health Passenger Locator Form

To protect your health, public health officers need your contact details. This information will help 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.

FLIGHT INFORMATION	
Airline name	
Flightnumber	
Seat number	
Date of arrival at Schiphol Airport	
Final Destination Country: City:	

PERSONAL INFORMATION	
Last (Family) Name	
Date of birth	
Gender	
E-mail	
Mobile phone number: (Used by you for the next 30 days; including country code.)	
Nationality	

Travelling with children	YES / NO		
Child: Name Age Seatnumber	Name	Date of birth	Seatnumber
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		

Hand over this form to the cabin crew