

**Public Health Passenger Locator Form**

This 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. If possible, please complete the form in English. By completing this form you agree that the form will be handed over to the Public Health Authority. 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 and the health of others.

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

<b>PERSONAL INFORMATION</b>	
<b>Last (Family) Name</b>	
<b>Date of birth</b>	
<b>Gender</b>	
<b>E-mail</b>	
<b>Phone:</b> Include country code and city code	

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

**Please, hand over this form to the flight crew**