

**Public Health Passenger Locator Form:** To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a flight. Your 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. Your information is intended to be held in accordance with applicable laws and used only for public health purposes. IATA ~Thank you for helping us to protect your health.

**One form should be completed by an adult member of each family. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.**

**FLIGHT INFORMATION:** 1. Airline name 2. Flight number 3. Seat number 4. Date of arrival (yyyy/mm/dd)

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**PERSONAL INFORMATION:** 5. Last (Family) Name 6. First (Given) Name 7. Middle Initial 8. Your sex

			8. Your sex
			Male <input type="checkbox"/> Female <input type="checkbox"/>

**PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.**

9. Mobile

10. Business

11. Home

12. Other

13. Email address

**PERMANENT ADDRESS:** 14. Number and street (Separate number and street with blank box) 15. Apartment number

16. City <input style="width: 100%;" type="text"/>	17. State/Province <input style="width: 100%;" type="text"/>
18. Country <input style="width: 100%;" type="text"/>	19. ZIP/Postal code <input style="width: 100%;" type="text"/>

**TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying.**

20. Hotel name (if any)

21. Number and street (Separate number and street with blank box)

22. Apartment number

23. City

24. State/Province

25. Country

26. ZIP/Postal code

**EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 14 days**

27. Last (Family) Name

28. First (Given) Name

29. City

30. Country

31. Email

32. Mobile phone

33. Other phone

**34. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years**

	Last (Family) Name	First (Given) Name	Seat number	Age <18
(1)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(2)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(3)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(4)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**35. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)**

	Last (Family) Name	First (Given) Name	Group (tour, team, business, other)
(1)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(2)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Each passenger is required to complete the declaration and give it to the cabin crew during the flight. The data is used only by the health authorities and is not subject to dissemination. Declarations are destroyed 14 days after the flight. Thank you for your cooperation!

H A V E   A   N I C E   F L I G H T