

## **Self-Declaration**

I understand that I must advise possible, and should on no account report to the airpo following statements apply:	. •
- I have been diagnosed with COVID-19 at any time duflight.	iring the 14 days prior to my
- I have had any of the COVID-19 relevant symptoms (loss of taste or smell; shortness of breath) at any time flight.	, , ,
- I have been in close contact (e.g. less than 2 meters for more than 15 minutes) with a person who has COVID-19 in the 14 days prior to my flight.	
- I am required by local or national regulations to be in quarantine for reasons related to COVID -19 for a period that includes the date of the flight.	
- I understand that any of these circumstances will result in refusal to proceed with my travel if I do not disclose this information to the airline and my circumstances are identified on site at the airport.	
	Date :
	Name :
	Signature :