



**Public Health Passenger Locator Card (PLC):** 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

~Thank you for helping us to **protect your health.**

**One form should be completed by EACH PERSON. Parents should complete this form for the minors. Print in capital (UPPERCASE) letters.**

**FLIGHT INFORMATION:**

<b>1. Airline name</b>	<b>2. Flight number</b>	<b>3. Seat number</b>	<b>4. Date of arrival (yyyy/mm/dd)</b>

**PERSONAL INFORMATION:**

<b>5. Last (Family) Name</b>	<b>6. First (Given) Name</b>	<b>7. DATE OF BIRTH</b>	<b>8. Your sex</b>
			Male <input type="checkbox"/> Female <input type="checkbox"/>

**TEMPORARY (DESTINATION) PHONE NUMBER(S) where you can be reached if needed.**

<b>9. Mobile</b>	<b>10. Business</b>
<b>11. Home</b>	<b>12. Other</b>
<b>13. Email address</b>	

**TEMPORARY (DESTINATION) ADDRESS**

<b>14. Street/ Hotel</b>	<b>House/Appt #</b>

**HEALTH INFORMATION**

**15. HAVE YOU TRAVELED ABROAD FOR THE LAST 14 DAYS?**  
 YES:  NO:

**15A HAVE YOU BEEN IN CONTACT WITH A CONFIRMED CASE OF COVID-19?**  
 YES:  NO:  MAYBE:

**16. IF SO, WHICH COUNTRIES DID YOU VISIT?**

--	--

**17. DO YOU HAVE A MEDICAL INSURANCE?**  
 YES:  NO:

**17A MEDICAL INSURANCE COMPANY 'S NAME:**

--

**EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days**

<b>18. Last (Family) Name</b>	<b>19. First (Given) Name</b>	<b>20. City</b>
<b>21. Country</b>	<b>22. E-mail</b>	
<b>23. Mobile phone</b>	<b>24. Other phone</b>	

**25. TRAVEL COMPANIONS – FAMILY and non-Family:**

	Last (Family) Name	First (Given) Name	Seat number	Age
(1)				
(2)				
(3)				
(4)				

**26. I HAVE THE FOLLOWING COVID-19 SYMPTOMS:**

COUGH:  Y/N    FEVER/CHILLS:  Y/N    LOST OF TASTE OR SMELL:  Y/N    SORE THROAT:  Y/N    CONGESTION and OR RUNNY NOSE:  Y/N

I HEREBY DECLARE THAT I HAVE TRUTHFULLY COMPLETED THIS FORM AND I UNDERSTAND THAT I AM LIABLE FOR ALL MEDICAL COSTS FOR MYSELF AND OR FOR MY FAMILY MEMBERS WHILE I AM/WE ARE IN CURACAO \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

- A) You must submit this form 48 hours before departure to [travelhistory.epi@gobiernu.cw](mailto:travelhistory.epi@gobiernu.cw).
- B) You must subject to a PCR test for SARS-CoV-2 analyzed at a nationally accredited laboratory as close to departure date as possible but in any case no earlier than 72 hours prior to scheduled departure. The result of your PCR test should be submitted as soon as possible before departure to [travelhistory.epi@gobiernu.cw](mailto:travelhistory.epi@gobiernu.cw).
- C) The PCR test is per person and the test is mandatory for all ages.
- D) On arrival you should have a hard copy of the following documents to submit to the immigration officer:
  - 1) The results of the PCR test(s) and
  - 2) This PLC.